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ABSTRACT

A COMMISSION WAS ESTABLISHED IN VIRGINIA IN FEBRUARY 1967 TO DETERMINE THE VOCATIONAL REHABILITATION REQUIREMENTS UP TO 1975 AND TO DEVELOP A STATEWIDE PLAN TO MEET THESE NEEDS. A VARIETY OF SOURCES WERE UTILIZED SUCH AS SURVEYS, TESTIMONY OF EXPERTS, PAST CASELOAD EXPERIENCE, AND POPULATION PROJECTIONS. THIS INFORMATION WAS USED TO ESTIMATE FUTURE NEEDS AND AN EVALUATION WAS MADE OF CURRENT PROGRAMS AND RESOURCES. THE RECOMMENDATIONS WERE FORMULATED IN A PLAN WHICH SET UP PRIORITIES IN FIVE CATEGORIES WHICH WERE ACTION, IMMEDIATE, SOON, INTERIM, AND LONG-RANGE. THE TIME SCHEDULES FOR THESE PROGRAMS VARIED FROM ACTION PROJECTS WHICH WERE IN PROGRESS TO LONG RANGE WHICH HAD A COMPLETION DATA OF FROM 4 TO 7 YEARS. VOLUME II WHICH PROVIDES INFORMATION ABOUT THE PLANNING ORGANIZATION AND STATISTICAL DATA ON THE REHABILITATION POPULATION AND PROGRAMS IS AVAILABLE AS VT 010 283. (BC)

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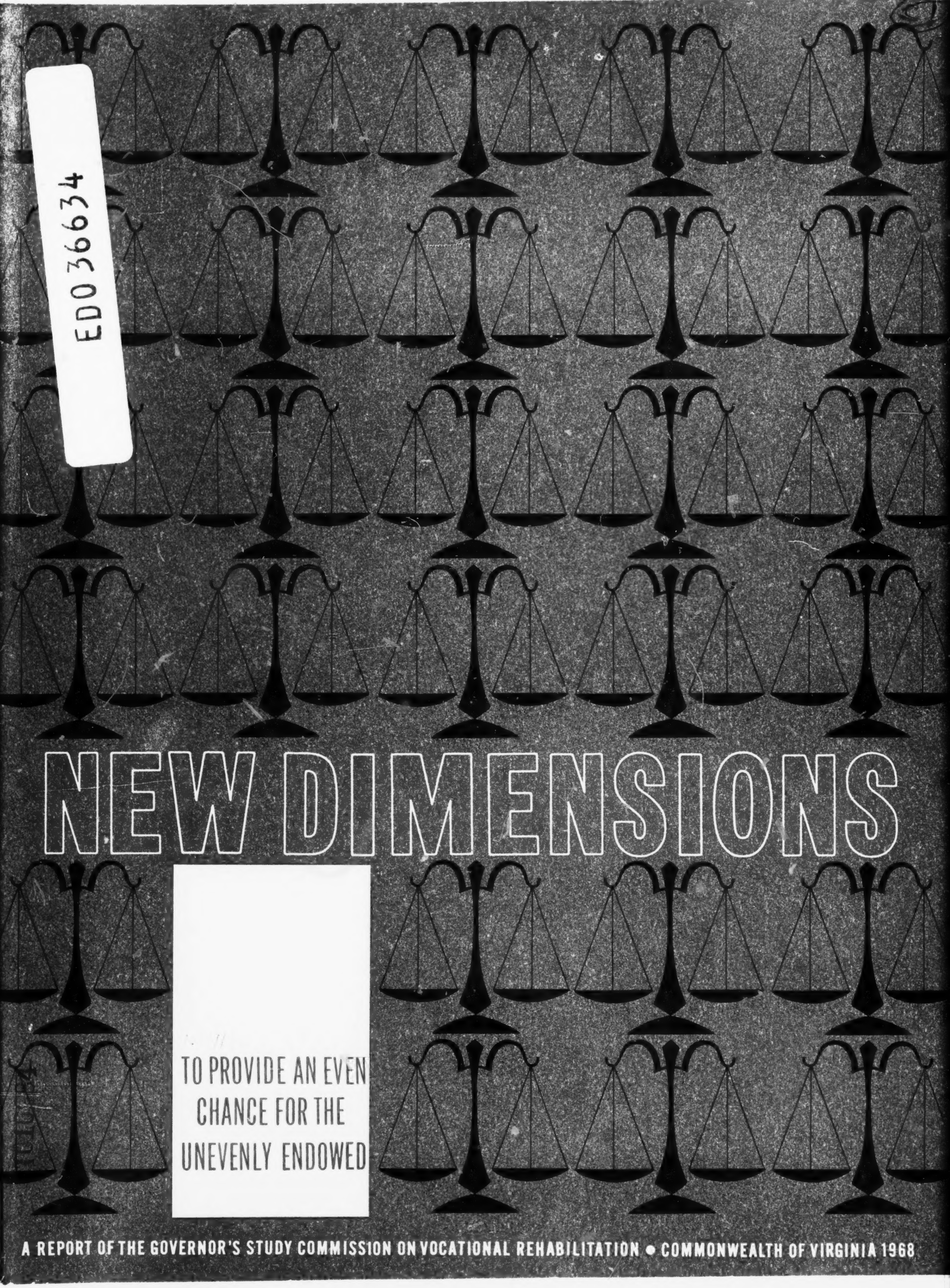

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A REPORT OF THE GOVERNOR'S STUDY COMMISSION ON VOCATIONAL REHABILITATION • COMMONWEALTH OF VIRGINIA 1968

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FINAL REPORT OF THE GOVERNOR'S STUDY COMMISSION ON VOCATIONAL REHABILITATION IN VIRGINIA

Volume I

COMPREHENSIVE STATEWIDE PLANNING
FOR
VOCATIONAL REHABILITATION SERVICES

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OCTOBER 1968

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PLANNING FOR VOCATIONAL REHABILITATION IN VIRGINIA
1968-1975

A Summary of Findings and Recommendations

Final Report

Volume I

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December 2, 1968

The Honorable Mills E. Godwin, Jr.
Governor of Virginia
Richmond, Virginia 23223

Dear Governor Godwin:

Herewith your Study Commission on Vocational Rehabilitation in Virginia submits its report.

This undeniably extensive report is presented in two volumes for completeness and clarity. The recommendations are briefed in Volume I with references to supporting data in Volume II.

To the members of the Commission your Chairman extends deep appreciation for the devotion, dedication and long hours they have applied to this task. It has been a rigorous assignment, but most rewarding and inspiring.

To the Project Director, Dr. Edward Cooke, and the loyal members of his administrative staff, go thanks for their intelligent and tireless application to their responsibilities.

To the Research Director, Dr. Lewis Bowman, and the members of his staff, is extended gratitude for their zeal, thoroughness and judgment. The broad scope of this research is evident in the prodigious amount of factual information provided.

Your Commission is grateful for the opportunity of serving. It is our prayer that this report will contribute in some measure, to the institution of a program in Virginia that is designed to meet the vital needs...both economic and humanitarian...of our handicapped citizens.

Sincerely,

Louis Spilman

Louis Spilman, Chairman

LS/am

ABBREVIATIONS USED IN THE REPORT

ADC — Aid to Dependent Children
AFES — Armed Forces Examining Station
AFL-CIO — American Federation of Labor and Congress of Industrial Organizations
AIA — American Institute of Architects
APTD — Aid to the Permanently and Totally Disabled
ASA — American Standards Association
CAMPS — Cooperative Area Manpower Planning Systems
CVH — Commission for the Visually Handicapped
DVR — Department of Vocational Rehabilitation
ETV — Educational Television
FY — Fiscal Year
IQ — Intelligence Quota
MDTA — Manpower Development Training Act
NEC — Not Elsewhere Classified
NORH —National Orthopedic Rehabilitation Hospital
NYC — Neighborhood Youth Corps
OEO — Office of Economic Opportunity
REHAB. — Rehabilitation
SSDB — Social Security Disability Beneficiary Program
SSDI — Social Security Disability Insurance
U.S.H.E.W. — United States Health, Education, and Welfare
VALC — Virginia Advisory Legislative Council
VEC — Virginia Employment Commission
VR — Vocational Rehabilitation
VSDB — Virginia School for the Deaf and Blind in Staunton, Virginia
VSSH — Virginia State School at Hampton, Virginia
WWRC — Woodrow Wilson Rehabilitation Center, Fishersville, Virginia

CONTENTS

Page

Foreword ix

Summary 1

Reasons for the Recommendations 33

Follow-Up 79

The Planning Organization 85

For Additional Information 95

LIST OF TABLES

Number Page

1 Dimensions Considered in Establishing the Categories of Priorities 5

2 Summary of Manpower Needs 1968-75 32

3 Summary of Costs, 1968-75 32

4 Estimates of Incidence of Sensory Disabilities Among Persons Sixteen to Sixty-four in Virginia 1968 35

5 Population and Selected Client Characteristics of the DVR Planning Areas in Virginia, 1967 42

6 Distribution of Private and Public Rehabilitation Resources by Planning Area in Virginia 43

7 Rehabilitation Workshops and Selected Planning Area Characteristics 44

8 Service and Placement of Clients by Rehabilitation Workshops in Virginia 45

9 Caseload Figures for Workshops in Virginia 46

10 Size of Physical Plant of Virginia's Workshops, 1967 49

11 Estimated Need for Workshop Services by Selected Disability Categories; Severe Limitation Only, 1968 Population, Sixteen to Sixty-four Years 51

12 Estimated Need for Rehabilitation Facility Services by Selected Disability Categories; Severe Limitations Only, 1968 Population Sixteen to Sixty-four Years 52

13 Estimated Need for Comprehensive Center Services by Selected Disability Categories; Severe Limitations Only, 1968 Population, Sixteen to Sixty-four Years 53

FOREWORD

It has been estimated that it takes about fifty years for sound ideas to be accepted and put into practice. It has taken much longer than this for disabled people to be provided with the services they need. While it is generally recognized and agreed that services to the disabled are worthy of consideration, the lag between the actual provision of services and what is known about the delivery of services is indeed wide. Fortunately, for everyone concerned with the problem, some progress has been made in serving the disabled. At one time in the history of mankind, the imperfect person was killed. This solved the problem of the disabled but did little toward raising the standards of society.

Later, during the Middle Ages, the physically impaired were allowed to live but were the object of ridicule and scorn. During the Renaissance Period, the disabled were cared for in asylums and physical deformity was confused with mental illness. It was not until the Eighteenth Century that any social interest was shown in the welfare of the disabled. This consisted primarily of custodial care. During the Nineteenth Century the first efforts were made to educate the physically handicapped. With the Twentieth Century came the realization that total rehabilitation was possible and was necessary to enable the disabled to become self-supporting and independent.

The concept of a federal-state relationship of vocational rehabilitation is now forty-eight years old, having its start in 1920. Vocational rehabilitation in Virginia is slightly older than the enactment of federal legislation to assist the various states in developing a program of services for the disabled. Prior to July 1, 1964, vocational rehabilitation was a part of the Virginia Department of Education. The Virginia Department of Vocational Rehabilitation was created by the General Assembly in 1964 and began operating as a separate department of government on July 1 of that year.

While tremendous increases have occurred in appropriations of state and federal monies, in staff, in new programs, in location of new offices, and more importantly, the number of disabled served and rehabilitated since 1964, the number of persons becoming disabled each year in Virginia exceeds the number rehabilitated.

The history of the development of vocational rehabilitation clearly shows that most of the important advances and thrusts have followed closely on the heels of some national emergency. The beginning of rehabilitation in 1920 came about as a result of the first World War. The first act was narrow in scope, in that it provided for vocational training, counseling, and placement. In 1935, when the nation was recovering from the effects of the depression, vocational rehabilitation became a permanent part of government. It was during this year that the Supreme Court settled the question of the constitutionality of the federal government expending public funds (and to tax) under the general welfare clause of the Constitution (Article I, Section 8). The Court stated:

> . . . Nor is the concept of the general welfare static. Needs that were narrow or parochial a century ago may be interwoven in our day with the well-being of the nation. What is critical or urgent changes with the times.

The next important legislation came in 1943, during the second World War. This new legislation broadened the meaning of vocational rehabilitation in that physical restoration services to remove or to ameliorate physical disabilities were permitted as well as services to the mentally handicapped. Significant legislation was passed in 1954 in which the overall program in vocational rehabilitation was substantially strengthened. Legislatively, perhaps the real breakthrough for vocational rehabilitation came about in 1965. One aspect of this legislation enabled each of the states to apply for a federal grant to conduct a comprehensive study of the rehabilitation needs of the state. It was through this grant that Virginia conducted its study. The results and recommendations of this study are found in the pages that follow.

Accordingly, the Governor appointed an eighteen member Governor's Study Commission on Vocational Rehabilitation. Members of this Commission represented the geographic regions of the State and in their private lives are representative of a wide array of disciplines.

At first glance it may appear that the projected program is unrealistic in terms of sound fiscal planning for the state. A closer scrutiny of the facts presented in what follows should tend to dispel many of these fears. There is almost universal agreement that providing needed services to the handicapped is an expensive and oft-times frustrating goal. Not providing needed services is more expensive by any criterion that may be selected. By not providing needed services, Virginia is indulging in a luxury that can no longer be afforded. From a statistical, fiscal and historical fact, Virginia has gotten more than its money's worth from every dollar spent on rehabilitating handicapped persons. Returns from money invested in rehabilitation are evidenced on every hand by productive, contributing-taxpaying-citizens, and in reduced welfare payments. It is quite possible and feasible to measure in fairly accurate terms the economic returns of rehabilitation. Through a system called Planning-Programming-Budgeting it is possible to quantify the economic returns with a high degree of specificity. Indeed many governmental agencies operating in the wide realm of social welfare are now employing such a method. The values of rehabilitation both monetary and human, are no longer subject to debate. It should not be necessary to argue the values but concentrate on situations that will best do the job at hand. The results, in the final analysis, will show the performance.

Aside from the economic benefits that accrue from rehabilitating the handicapped, the humanitarian values that evolve are perhaps even more important. The changes that come about in the self-concept of the individual affects the entire family in a positive manner. Happily, it is now recognized that rehabilitation is a family affair. Legislation enacted at the federal level in 1968 recognizes these phenomena. The emergence of the concept that rehabilitation is an investment in human resources is a step in the right direction.

By nature mankind wants to be occupied with some worthwhile undertaking. He must do this if he is to avoid frustration and anomie that abounds so freely. The individuals who participated in this study had no vested interest, other than doing something for the good of mankind. This was true of all persons—the Commission Members, Task Force Members, those who participated in the public hearings, and the paid staff members. At no point in the study did the two agencies involved, the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped, show any inclination to influence the direction or the final results of the study. Rather, the attitude of the two agencies was one of complete interest and cooperation.

The results of the study and the recommendations which follow is a starting point only. It is not within itself an end. It may be one of the vehicles used to reach the end. In a rapidly changing world, especially in the social realm, long-range projections may be of questionable value and vulnerable to attack. At the same time it must be realized that planning is the very foundation of any organization. In a growing organization, plans must be flexible. A plan that is not adaptable and amenable to change is not a very good plan in the first place. The instrument for making these changes is that of continuous planning. It is the process of gradually replacing that which can be better done by newer and more efficient methods. Vocational rehabilitation will grow in many directions. In all probability programs unheard or unthought of today may very well be the commonplace within the next several years. A trend in this direction has already started. Vocational rehabilitation is no longer concerned only with the physically disabled. Legislation passed in 1965 and 1968 requires that a greater and different population be served. Ways and means of serving a different class of disabled is clearly indicated. In addition to serving the physically disabled and the mentally retarded, persons who are drug addicts, alcoholics, and those who are handicapped because of social, educational, economic and cultural conditions also must be served.

Criticism is heard from time to time about the overlapping functions of governmental agencies and the duplication of services by both public and private agencies. No single agency, either public or private, has the sole responsibility for providing all the services to disabled persons. In the final analysis it matters not so much who does the serving, but how it is done, how quickly, and at what cost to the citizens. The uniqueness of an organization may well dictate which agency is in the best position to do a particular job.

Planning is the process of selecting and determining priorities and alternatives. This report is not the final word. It is subject to change as prevailing conditions and circumstances change. Without this postulate, no report is very good.

There are many obstacles to meet and to overcome in the process of implementing a new or expanding an old program. The problem of adequate financing is present always. But money is not the only stumbling block. The problem of manpower to do the job looms high on the list of problems.

One final word—the findings of this study are what was actually found out during the course of research. The conclusions are salient deductions from the findings and represent what a reasonably prudent person would normally be expected to observe. The recommendations are what appeared to be a sane approach to a multifaceted problem. Neither the findings, conclusions nor recommendations are to be thought of as critical of ongoing programs, or with the pace which the programs have moved or are moving. Hopefully, the study will serve as a base to help guide new actions and programs that will ultimately result in narrowing the gap of delivering needed services to the disabled in Virginia.

SUMMARY

INTRODUCTION

The Governor's Study Commission on Vocational Rehabilitation was established in February, 1967 to determine the needs of Virginians for vocational rehabilitation services to 1975, and to develop a comprehensive Statewide plan to meet those needs. To carry out that mandate the Commission utilized surveys, testimony of experts, past caseload experience, and population projections to estimate the number of currently disabled and to estimate the number of disabled by category expected for each year through 1975. In addition, the Commission evaluated the current vocational rehabilitation programs in Virginia to identify barriers which might be blocking or delaying services. By comparing the current programs to future needs the Commission determined the additional resources which will be necessary to meet all vocational rehabilitation needs during the next six years. To encourage and to facilitate the allocation of adequate resources to meet these needs, the Commission developed a written plan in the form of recommendations. This comprehensive Statewide plan specifies the coordination and funding necessary to produce enough professional personnel, facilities, and services to fulfill the State's vocational rehabilitation goals.

Key Problems

The recommendations emphasize solving five key problems of Virginia's vocational rehabilitation programs.

1. The first problem is one of inadequate funds for a vocational rehabilitation program of total services. This is an obvious problem, and one not unique to this policy area. Its solution turns not on recommendations of this Commission, but on the public's decisions about the amounts of services it wants and is able and willing to provide.
2. The second problem is one of coordinating the many services available to vocational rehabilitation clients. The Commission's recommendations are designed to encourage and make effective intra-agency and inter-agency coordination and cooperation. To be efficient and effective the vocational rehabilitation agencies must serve as organizers of a variety of services from numerous sources.
3. The third problem is the public's pervasive lack of understanding of the vocational rehabilitation programs. Unfortunately, this problem is not confined to the general public. It exists among personnel involved in developing job placement and client referral sources as well. This inhibits casefinding and client placement.
4. The fourth problem is the practice of serving the more feasible cases rather than the more severely disabled cases. Shortages of finances, manpower, and rehabilitation facilities dictated this policy in the past. As the vocational rehabilitation agencies receive substantial increases of these resources the more severely disabled must benefit correspondingly.
5. The fifth problem is one of inadequate vocational rehabilitation manpower and facilities. Even if ample financing were available immediately for the vocational rehabilitation programs a total program would be impossible. Many of the recommendations in this report seek to create long range solutions to shortages in manpower and facilities.

To Meet Total Needs

During the course of the study much evidence and sentiment have emphasized the need for increasing services to the more severely disabled. In the public hearings and in the community surveys the general public continuously expressed a desire for the vocational rehabilitation program to expand services to the severely disabled. Professional vocational rehabilitation personnel, professional personnel in related programs, and members of the Governor's Study Commission on Vocational Rehabilitation articulated support of this program goal. The latter group has expressed a desire for funds to be provided preferentially for aiding the catastrophically disabled if limited allocations do not allow a program which will meet total needs.

Of course increased emphasis on helping the severely disabled will raise the risk of rehabilitation failures in individual cases. Also, it will increase the demand and need for comprehensive rehabilitation facilities and for non-competitive work situations for many of the most severe cases.

Reaching this program goal successfully will require a decided increase in funding for the vocational rehabilitation programs over the next six years. At first glance the total resources required may appear excessive. However, in this Commission's judgment the total costs are neither excessive nor impractical. A number of studies have shown that public money invested in rehabilitating persons vocationally reaps real and direct profits to the general public in augmented taxes, increased productivity, and removal of these rehabilitants from public welfare rolls. Of course, these direct material returns to the general public will not increase proportionately as the most severely disabled are accepted in large numbers into the client caseloads of the vocational rehabilitation agencies. But, private support is not adequate for these potential clients who are in the greatest need of vocational rehabilitation services.

The Commission feels the time is ripe for the State to recognize the many non-material benefits which will derive from providing services for all in need of them. It views providing an opportunity for a meaningful vocational life for all its citizens as a social obligation on the conscience of all Virginians. In the long run the material and non-material rewards to a society adopting this approach to vocational rehabilitation are too great to resist.

FORMAT OF THE RECOMMENDATIONS

This report is a summary of the recommendations of the Governor's Study Commission on Vocational Rehabilitation in Virginia. The recommendations are presented in a standard format which includes the primary agencies or persons responsible for implementing the recommendation, suggested methods of implementation, and estimated costs on a federal and state basis.

Responsibility

Several public and/or private agencies would inevitably be involved in implementing each recommendation. In general, however, only those agencies with primary responsibility are listed.

Priority Categories

The recommendations are listed in order of relative importance within five priority categories: (1) action; (2) immediate; (3) soon; (4) interim; and (5) long-range (Table 1). The action category represents recommendations included in the Governor's Study Commission Interim Report of December, 1967, which have been acted upon or are currently being acted upon.

The immediate category includes recommendations which require little additional funding or manpower and which can be implemented during the first half of fiscal year 1969. Those recommendations which require little additional funding or manpower but which require a longer implementation period are designated by the soon category.

The remaining recommendations require considerable additional funds, manpower, or legislative action and cannot be dealt with before the 1970 session of the Virginia General Assembly. These recommendations are designated as *interim* for fiscal year 1971 and 1972 and *long-range* for fiscal years 1973, 1974, and 1975. This arrangement provides a practical plan for phasing in funds, manpower, and facilities to meet the total need for vocational rehabilitation services by 1975.

Within each of the priority categories, the recommendations have been listed according to their relative importance. It should be noted that the arrangement of recommendations represents objective criteria combined with subjective evaluations. The recommendations must be considered as a *total plan* because all the recommendations are essential to the composite plan for rehabilitation services. Where the *action* category recommendations have not been implemented through prior or current action, they are included in other appropriate priority categories for reconsideration.

Ways to Implement

Ways to implement are included for each recommendation. These include both suggested approaches or alternatives which might be used in implementation and funding or manpower requirements necessary for implementing each recommendation.

Estimating Costs

Where possible, estimated costs are apportioned between federal and state funds. Costs are included for the entire period from implementation through fiscal year 1975. In some cases, the cost of a given recommendation is covered by a related recommendation, and this is indicated. There are instances in which costs cannot be estimated because of the nature of the recommendation.

Funding and Manpower Requirements

Tables 2 and 3, included at the end of the recommendations, summarize the total costs and manpower needs for all recommendations. It is estimated that funding in the amount of approximately $137,000,000 will be necessary to implement these recommendations. This is calculated to be the minimal practical plan for solving vocational rehabilitation's needs. This is in addition to current program funding. It is assumed that current program funding will be maintained or increased during the period covered by the recommendations.

TABLE 1—Dimensions Considered In Establishing The Categories Of Priorities

		Dimensions Considered		
Priority Category	*Time*	*Type of Required Change*	*Finances Involved*	*Manpower Involved*
ACTION	In progress or completed	All types	All types	All types
IMMEDIATE (to correct current operating problems)	Within next 6 months (first half of FY 1969)	Administrative, within agencies organizational or procedural	Little or none (generally a change in use only)	Reassignment of duties only; no additional manpower
SOON (to set stage for program expansion)	Within one year (FY 1969)	1. Administrative, within agencies: organizational or procedural 2. Administrative, outside of VR agencies 3. Governor's office	1. Only that possible within current operating budget of VR 2. Other state agencies 3. Other local agencies	1. Reassignment of duties mainly 2. Additional personnel only as permissible under operating budget
INTERIM (to expand in preparation for meeting all VR needs)	One to four years (FY 1969-1972)	1. Administrative, within agencies 2. Administrative, outside of VR agencies 3. Governor's office 4. State legislation 5. Federal legislation 6. RSA changes	1. More than possible within current operating budget 2. State increase 3. Larger portion of available federal money	1. Reassignment of duties 2. Additional personnel
LONG RANGE (to meet all VR needs)	Four to seven years (FY 1972-1975)	1. Administrative, within agencies 2. Administrative, outside of VR agencies 3. Governor's office 4. State legislation 5. Federal legislation 6. RSA changes	1. Large amounts of additional funds 2. State 3. Federal 4. Local 5. Private	1. Reassignment of duties 2. Additional personnel 3. Establishment of sources for training large numbers of VR professional personnel

SUMMARY OF RECOMMENDATIONS

ACTION RECOMMENDATIONS

Action 1: **Increase the number of disabled Virginians served at Woodrow Wilson Rehabilitation Center.**

Responsibility: DVR and General Assembly

Implementation: Increased State appropriations. (Completed, negative)

Costs: FY 69—Federal share	$300,000	FY 70—Federal share	$333,750
State share	100,000	State share	111,250

Action 2: **Request the Virginia Advisory Legislative Council to study the advisability of establishing a "Second-Injury Fund" under the Workmen's Compensation Law.**

Responsibility: VALC, DVR, and CVH

Implementation: The VALC should, in consultation with DVR and CVH, develop recommended legislation for a broad coverage second-injury fund law and submit a plan to the 1968 session of the Virginia General Assembly. (Still under study)

Costs: None

Action 3: **Legislation, within the framework of the Virginia Workmen's Compensation Act, to create a Second-Injury Fund to be financed by appropriate increases in contributions should be passed and VR should be included for medical expenses in appropriate cases.**

Responsibility: DVR, General Assembly, and Industrial Commission

Implementation: (1) Second-injury legislation modeled on the Council of State Government's "Proposed Legislation for Subsequent or Second-Injury Funds" should be adapted and (2) the General Assembly should amend the State's workmen's compensation laws to include vocational rehabilitation services within the purview of medical expenses. (No action; pending completion of study)

Costs: None

Action 4: **Extend the period of time during which an injured worker may receive medical services for injuries which are accident-connected.**

Responsibility: General Assembly and State Industrial Commission

Implementation: General Assembly should authorize the Industrial Commission to extend the period of time during which medical services can be provided. (Completed, negative)

Costs: None

Action 5: **Request the General Assembly to make an annual appropriation of $175,000 to the Department of Vocational Rehabilitation to be used in the staffing and operation of private, nonprofit sheltered workshops.**

Responsibility: General Assembly and DVR

Implementation: Increase the annual DVR appropriation. (Completed, negative)

Costs: FY 68—State share	$175,000	FY 69—State share	$175,000

Action 6: Remove the $1,000 restriction on expenditures for an initial prosthetic device in order to permit the industrial commission to authorize the expenditure of funds as necessary to provide training in the use of prosthetic devices.

Responsibility: General Assembly and Industrial Commission

Implementation: Legislative change. (Completed, negative)

Costs: None

Action 7: Seek State appropriation in order to complete the services required for the disabled individuals discharged from special service programs in mental hospitals, schools for the retarded, institutions for youthful public offenders, and public schools.

Responsibility: General Assembly and DVR

Implementation: (1) Increase DVR appropriation, (2) employ additional VR personnel, and (3) purchase case services for 1,500 additional clients in FY 69 and for 2,000 additional clients in FY 70. (Completed, negative)

Costs: FY 69—Federal share .... $775,000 FY 70—Federal share $975,000
State share .... 225,000 State share 325,000

Action 8: Seek legislation to: (1) require plans for new public buildings to include accommodations for the handicapped (including the blind and deaf), (2) require renovation of existing public buildings to include all feasible provisions for the use by and safety of the handicapped, and (3) require minimum standards in all public buildings—even if renovation is required—to allow for use by handicapped.

Responsibility: DVR and Governor

Implementation: (1) Building lobbying support, and (2) legislative action by General Assembly; initiation by Governor. (No action taken)

Costs: None

Action 9: Provide State appropriations to pay the employer's cost of social security, retirement, and insurance for DVR employees (DVR now must assume this, instead of the Virginia Supplemental Retirement System, as was previously done).

Responsibility: General Assembly and DVR

Implementation: Additional funds should be appropriated to DVR. (Completed, positive)

Costs: FY 69—State share .... $195,035 FY 70—State share $214,965

Action 10: Require the State Industrial Commission to reimburse DVR for expenses incurred in the rehabilitation of clients referred from the Industrial Commission.

Responsibility: General Assembly and State Industrial Commission and DVR

Implementation: The General Assembly should provide that DVR be reimbursed for services to clients referred by the Industrial Commission. (Completed, negative)

Costs: None

Action 11: Station one DVR counselor and one secretary at the Industrial Commission office to screen all industrial accident victims for potential rehabilitation services. Salaries of DVR personnel should be reimbursed by the Industrial Commission.

Responsibility: Industrial Commission and DVR

Implementation: Assignment of staff by DVR to State Industrial Commission—one counselor "B" and one clerk-stenographer "B." (Completed, positive)

Costs: FY 68 .... $20,000 FY 69 .... $20,000 FY 70 .... $20,000

Action 12: **Have the Division of State Planning and Community Affairs study related State agency programs to determine if it would be in the best interest of the State for DVR to administer all rehabilitation functions.**

Responsibility: Governor's Office, Division of State Planning and Community Affairs, and DVR

Implementation: Study of related Agency programs. (Study in progress)

Costs: None

IMMEDIATE RECOMMENDATIONS

Immediate 1: **Create and support a school unit at the Virginia State School at Hampton.**

Responsibility: CVH and VSSH

Implementation: Obtain funds for and employ one counselor "C," one mobility instructor, one work evaluator, one prevocational instructor, and one clerk-steno "B."

Costs:	FY 69	$50,000	FY 72	$60,000	FY 74	$70,000
	FY 70	$50,000	FY 73	$70,000	FY 75	$70,000
	FY 71	$60,000				

Immediate 2: **Create and support a school unit at the Virginia School for the Deaf and Blind in Staunton.**

Responsibility: CVH and VSDB

Implementation: Obtain funds for and employ one mobility instructor, one counselor "A," one work evaluator, one instructor, and one clerk-steno "B."

Costs:	FY 69	$60,000	FY 72	$70,000	FY 74	$70,000
	FY 70	$60,000	FY 73	$70,000	FY 75	$70,000
	FY 71	$60,000				

Immediate 3: **Instruct DVR counselors to use, to the maximum extent feasible, the client training and related services of other agencies. These include the Manpower Development and Training Act programs and the various Office of Economic Opportunity programs, particularly the Job Corps, Neighborhood Youth Corps, and work experience programs.**

Responsibility: Director of Related Programs (when established within DVR); until established, Assistant Commissioner

Implementation: Field counselors would be provided with required information on programs and services available within local area and how these programs and services could be utilized for rehabilitation clients.

Costs: None (Case service savings of approximately $500 per client are estimated for rehabilitation clients accepted in related programs, since these programs provide training and training materials, maintenance, and transportation.)

Immediate 4: **Increase efforts to inform the public about the State's rehabilitation program in order to capitalize upon the latent public support for the program, in order to give the public more knowledge about the services of the program, and in order to educate the public about the problems of specific disability groups.**

Responsibility: Information departments in CVH and DVR; agency staffs, particularly counselors; and the Governor's Advisory Committee on Vocational Rehabilitation and its Regional Task Forces (as soon as these are established)

Implementation: (1) The public should be made fully aware of where persons who need VR assistance can go for help. This could be implemented through the concentrated use of mass media for "spot" announcements. (2) The public should be educated about the specific problems of the mentally handicapped (mentally ill and mentally retarded) in order to erase lingering public doubts about mental handicaps. Utilize direct informational programs such as mass media and program literature and establish joint informational services with public and private related programs throughout the State. (3) Public support of the VR program should be brought to the attention of various political and economic elites throughout the State, utilizing public hearings, informational programs, media announcements and news releases, direct contacts by agency personnel, and Advisory Committee and Task Force members. (4) The public education program should, through films, literature, and lectures, be brought to the public schools. In addition, the ETV program could provide an effective means to reach large numbers of schools and students. (5) As part of the public information program, a film should be made about vocational rehabilitation in Virginia.

Costs: Nos. 1-4, None   No. 5, Federal share $6,400
State share 1,600

Immediate 5: Increase DVR's client service capacity to provide for the rehabilitation of 7,800 clients in FY 69 and 9,200 clients in FY 70.

Responsibility: General Assembly and DVR

Implementation: Additional funds to provide in FY 69 twenty additional field counselors, supervisory and clerical staff, and additional case service funds; and in FY 70 twenty additional field counselors and supporting staff, plus additional case service funds.

Costs: FY 69—Federal share .... $918,345   FY 70—Federal share $1,728,705
State share 306,415   State share 576,235

Immediate 6: Develop a public information program to advise potential clients and physicians of the State's vocational rehabilitation program.

Responsibility: DVR (Information Director)

Implementation: (1) Use of mass media for spot announcements, distribution of literature to public; (2) develop an increased visitation program to physicians; and (3) develop exhibits and speaker's programs for the various professional meetings of medical personnel.

Costs: None

Immediate 7: Develop a clinic situation where counselor, client, and physician can cooperate more closely and shorten the period of time between the physician's initial contact with a VR client and his serving the client.

Responsibility: DVR counselors and physicians

Implementation: DVR should develop, with its medical consultants, a plan for clinic situations or alternative solutions to allow clients to receive services more promptly.

Costs: None

Immediate 8: Educate employers throughout the State about the positive benefits of employing the handicapped.

Responsibility: DVR and CVH staff (particularly information department and counselors)

Implementation: (1) Through media, literature, news releases, etc., employers should be made aware that public attitudes toward working with all kinds of handicapped persons are highly positive. (2) Meetings should be arranged between employers who have hired the handicapped and employers who have not in order to inform the latter about the performance of handicapped workers in employment.

Costs: None

Immediate 9: **Increase the special assignment of DVR counselors to social security disability beneficiary cases, extend it to areas of the State not presently covered and continue the expansion of the SSDB program.**

Responsibility: DVR

Implementation: (1) The Department of Vocational Rehabilitation would establish two counselor "B" positions after approval by the State Personnel Division and (2) extend coverage to the South Boston and Abingdon administrative areas.

Costs: None (All costs, including guidance and placement, for SSDB cases are reimbursed at 100 percent by the Social Security Trust Fund.)

Immediate 10: **Instruct rehabilitation counselors to maintain effective liaison with medium-sized businesses (those with 4-49 and 50-249 employees) and to establish more effective liaison with larger businesses (those having 250 or more employees).**

Responsibility: DVR and CVH

Implementation: Direct contacts between rehabilitation counselors and employers.

Costs: None

Immediate 11: **Instruct rehabilitation counselors to make greater efforts in minimizing union resistance toward the placement of handicapped workers.**

Responsibility: DVR and CVH

Implementation: Direct contacts with local union officials and members.

Costs: None

Immediate 12: **As part of their in-service training, inform rehabilitation counselors about the placement opportunities for handicapped persons with government agencies (State and Local) and with service industries. Further encourage rehabilitation counselors to place more clients with government agencies and service industries.**

Responsibility: Training Directors within DVR and CVH

Implementation: The information program should be included in the in-service training program. Rehabilitation counselors should be made responsible for increasing placement opportunities in these areas through direct contact with employers.

Costs: None

Immediate 13: **Minimize employers' resistance toward the handicapped through mobilization of public support and specific educational and informational programs. Encourage positive attitudes and support among management. Further, give particular attention to personnel directors, clerks, supervisors, and foremen in an effort to decrease resistance in operational hiring practices. (Programs designed to reach the supervisors and foremen should utilize the cooperation of unions.)**

Responsibility: Commissioner of DVR and Director of CVH; DVR and CVH staff (particularly counselors)

Implementation: Agency personnel, particularly counselors, should be responsible for meeting with employers and union groups for the purpose of informing them about the rehabilitation program and of explaining the placement process and the difficulties involved in the process. Further, employers and local unions should be supplied with news releases, brochures and other materials relevant to the rehabilitation program.

Costs: None

Immediate 14: **Instruct rehabilitation counselors to make special efforts to increase placement opportunities for disabled persons thirty-six years of age or older.**

Responsibility: Assistant Commissioner of DVR and Assistant Director of CVH

Implementation: Direct contacts between field counselors and employers.

Costs: None

Immediate 15: **Encourage all businesses to eliminate architectural barriers in order to facilitate the employment of the handicapped.**

Responsibility: DVR and CVH staff (particularly information departments)

Implementation: All employers should be provided with guidelines: (1) as to how existing buildings can be adapted to eliminate architectural barriers, (2) as to how new buildings can be designed to eliminate architectural barriers.

Costs: None

Immediate 16: **Inform employers about the effectiveness of proper "matching" (placement of handicapped in jobs for which they are trained and able to perform).**

Responsibility: Information directors and rehabilitation counselors within the two agencies.

Implementation: The information directors would provide an educational and informational program through news releases, brochures, and "spot" announcements on radio and television. The counselors would, through direct contacts with employers and employer associations, provide specific information about the matching process and its applicability to given types of businesses.

Costs: None

Immediate 17: **Maximize cooperation in the use of placement contacts, methods, and operations between DVR and VEC.**

Responsibility: (1) DVR Director of Related Programs (when established), Director of Field Services until established, and (2) VEC Assistant Commissioner

Implementation: (1) Training officers in both agencies should develop more effective in-service programs; and (2) DVR should utilize VEC's evaluation of placement potential for the disabled through use of physical demand forms and use the cooperative agreement between DVR and VEC more effectively.

Costs: None

Immediate 18: **Seek ways (statutory, administrative, informational) to improve the reporting of legally blind persons to CVH.**

Responsibility: CVH

Implementation: (1) Expand information services, emphasizing the necessity of knowing about services for all the severely visually disabled and (2) seek greater cooperation of the Virginia Medical Society, Virginia Opthamologists Association, Medical College of Virginia, University of Virginia School of Medicine, Division of Motor Vehicles, etc., in the reporting of legally blind persons.

Costs: None

Immediate 19: **Create a work evaluation unit in the Charlottesville Workshop for the Blind.**

Responsibility: CVH

Implementation: Obtain funds for and employ one unit supervisor, three work evaluators, and one clerk-steno "B."

Costs: FY 69—$35,700 (already appropriated)

Immediate 20: Establish joint in-service training programs for DVR and related agencies' personnel—including welfare personnel, public health nurses, employment counselors, and others.

Responsibility: (1) DVR Director of Training and Director of Related Programs and (2) Training Directors in appropriate agencies

Implementation: Development of joint in-service training program.

Costs: None

Immediate 21: Implement agency reorganization for CVH.

Responsibility: CVH

Implementation: (1) $38,000 in funds for FY 69 (no *new* funds); (2) restructure similarly to Social & Rehabilitation Service, U.S. H.E.W.; and (3) employ additional professional personnel consisting of an administrator and district supervisors.

Costs: None

Immediate 22: Develop a more efficient referral system for persons having hearing disabilities.

Responsibility: DVR

Implementation: Institute a system which will result in better referral communications with:

a. Medical Society of Virginia
b. Virginia Speech and Hearing Association
c. University of Virginia Speech and Hearing Centers
d. Virginia Department of Health
e. Virginia Employment Commission
f. Virginia Department of Welfare and Institutions
g. Virginia Society for Crippled Children
h. Virginia Osteopathic Society

Costs: None

Immediate 23: Create the post of "Director of Community Rehabilitation Facilities."

Responsibility: DVR

Implementation: Administrative procedure by DVR and State Personnel Division. Responsibilities of the position would include: (1) organizing and developing satellite workshops, as needed, (2) helping coordinate public and private workshops, and (3) directing DVR's seven area coordinators of community rehabilitation facilities.

Costs: FY 69—Federal share	$16,114	FY 73—Federal share	$20,802
State share	4,278	State share	5,200
FY 70—Federal share	$17,970	FY 74—Federal share	$21,740
State share	4,492	State share	5,525
FY 71—Federal share	$18,868	FY 75—Federal share	$22,860
State share	4,717	State share	5,870
FY 72—Federal share	$19,811		
State share	4,953		

Immediate 24: Upgrade the current DVR position of Training Supervisor to Director of Training and develop a more comprehensive training program.

Responsibility: DVR

Implementation: Through administrative procedure. Responsibilities of position would include developing additional in-service training programs, helping in recruiting, helping study the need to develop additional undergraduate and graduate programs for professional VR personnel, initiating a training program for subprofessional VR personnel, and cooperating in developing a training program for public and private workshops' personnel.

Costs:

FY 69—Federal share	$16,114
State share	4,278
FY 70—Federal share	$17,970
State share	4,492
FY 71—Federal share	$18,868
State share	4,717
FY 72—Federal share	$19,811
State share	4,953
FY 73—Federal share	$20,802
State share	5,200
FY 74—Federal share	$21,740
State share	5,525
FY 75—Federal share	$22,860
State share	5,870

Immediate 25: Develop a master plan for the training of DVR personnel.

Responsibility: DVR (Director of Training)

Implementation: A master plan should be developed which will take into account personnel needs on a short-term and long-range basis and will provide for training facilities and coordinated training programs adequate to meet these needs.

Costs: None

Immediate 26: Explore the possibility of establishing training courses on a supervisory level for workshop personnel in community colleges or at the Virginia Commonwealth University.

Responsibility: DVR (Director of Training and Director of Community Rehabilitation Facilities)

Implementation: Development of a master plan of training needs and of a program to meet current and future demands.

Costs: None

Immediate 27: Set up record keeping systems at the counselor level of DVR to provide information on referrals to related programs, the services provided to referrals by related programs, and the outcome of training provided to referrals by related programs.

Responsibility: DVR

Implementation: A form should be developed for referrals to related programs providing information now included on VR-1 form and also on: (1) agency and program to which client is referred, and (2) outcome of referral, including services provided, length of training, closure status. This form would be filled in by counselor making the referral.

Costs: None

Immediate 28: Simplify eligibility requirements and approval procedure by the counselor for carrying out of treatment for clients.

Responsibility: DVR and physicians

Implementation: DVR and medical consultants should develop a plan for expediting client services.

Costs: None

SOON RECOMMENDATIONS

Soon 1: Create a Governor's Advisory Committee on Vocational Rehabilitation with regional Task Forces and with budgeted staff.

Responsibility: Governor

Implementation: Executive Order. Establish 1969; renew annually through 1975. Annual budget = $50,000 Total budget = $300,000.

1. Staff—Director and clerk-steno "B"
   Unit cost (salaries, fringe benefits, travel, office) = $30,100 annually
2. Travel and other expenses for Advisory Committee and Task Force appointed members. Four meetings of Advisory Committee and each Task Force per year Estimated expenses of $70 per person per meeting. Total = $19,900 per year.

Costs: State share $300,000

Soon 2: Continue the rebuilding program at Woodrow Wilson Rehabilitation Center. Appropriate the necessary funds for planning of a new medical building.

Responsibility: DVR and General Assembly

Implementation: Plans should be made for the proposed medical building.

Costs: State share $95,000

Soon 3: Consider the feasibility of creating special service units in the State's penal institutions.

Responsibility: DVR and Department of Welfare and Institutions

Implementation: Coordinate efforts of the two agencies.

Costs: None

Soon 4: Assign special counselors to local welfare departments in heavily populated areas, such as Richmond, Norfolk, and Alexandria.

Responsibility: DVR

Implementation: DVR would add three counselor "B" positions after approval by the State Personnel Division.

Costs: FY 70—Federal share	$34,560	FY 73—Federal share	$34,560
State share	8,640	State share	8,640
FY 71—Federal share	$34,560	FY 74—Federal share	$34,560
State share	8,640	State share	8,640
FY 72—Federal share	$34,560	FY 75—Federal share	$34,560
State share	8,640	State share	8,640

(Estimated costs shown are unit costs, includes three counselor "B," ½ clerk-steno "B" per counselor (salaries and fringe benefits for all included) and travel expenses and office allowances for each counselor.)

Soon 5: Encourage cooperation between local school boards and the State Department of Education to develop special prevocational training for children with disabilities.

Responsibility: DVR and Governor's Advisory Committee on VR

Implementation: (1) Encourage local school boards to take advantage of the permissive legislation passed by the 1968 General Assembly which allows them to use local funds for initiating such training; (2) plan to expand programs in FY 70 when such programs become 60 percent reimbursable (under 1968 legislation); and (3) utilize the Regional Task Forces of the Governor's Advisory Committee on VR to inform the public about the program and the need for it.

Costs: Not available.

Soon 6: Coordinate efforts to consider developing rehabilitation facilities for the aged with the Governor's Commission on Mental and Geriatric Patients created by the 1968 General Assembly.

Responsibility: DVR and Governor's Advisory Committee on VR

Implementation: (1) Investigate the possibility and feasibility of establishing workshop situations for the aged, (2) consider retraining the competitively employable aged (beyond retirement age), and (3) coordinate with Governor's Commission on Mental and Geriatric Patients.

Costs: None

Soon 7: Conduct a study in cooperation with the Governor's Advisory Committee on Vocational Rehabilitation (and regional task forces) on the feasibility of providing State subsidies or other financial incentives to workshops serving the severely disabled and the aged severely disabled in order for these workshops to meet minimum wage requirements.

Responsibility: DVR (Director of Rehabilitation Facilities) and Governor's Advisory Committee on Vocational Rehabilitation

Implementation: Feasibility study of State subsidy or alternative financial support to terminal workshops.

Costs: None

Soon 8: Rehabilitation agencies should contract with individual employers to provide work experience and on-the-job training for groups of handicapped persons.

Responsibility: DVR (Director of Related Programs) and CVH

Implementation: (1) Contracts between the rehabilitation agencies and individual employers and (2) work with AFL-CIO on developing specific, full-time, on-the-job training programs.

Costs: (Part of case service costs)

Soon 9: Expand program of work evaluation unit in the Charlottesville Workshop for the Blind.

Responsibility: CVH

Implementation: Obtain funds for and employ one psychologist, one mobility instructor, and one clerk-steno "B."

Costs:	Federal share	$96,000
	State share	24,000

Soon 10: Continue efforts to initiate and expand DVR's special service units in cooperation with other agencies of State and local government.

Responsibility: DVR and cooperating agencies

Implementation: Cooperative agreements

Costs: (Cost depends upon type of units established. Federal, State, and third party funds can be used.)

Soon 11: Create post of "Director of Related Programs."

Responsibility: DVR

Implementation: Establish the position through State Personnel Division. Responsibilities of the position are to include coordinating related programs for DVR, informing DVR personnel about services available for DVR clients, informing personnel of related agencies about DVR's programs, and providing inter-agency liaison generally.

Costs:	FY 69—	Federal share	$16,114
		State share	4,278
	FY 70—	Federal share	$17,970
		State share	4,492
	FY 71—	Federal share	$18,868
		State share	4,717
	FY 72—	Federal share	$19,811
		State share	4,953
	FY 73—	Federal share	$20,802
		State share	5,200
	FY 74—	Federal share	$21,740
		State share	5,525
	FY 75—	Federal share	$22,860
		State share	5,870

Soon 12: Utilize the position of "Director of Cooperative School Programs."

Responsibility: DVR

Implementation: Through administrative procedure. Responsibilities of the position will include the administration of ongoing school unit programs and the expansion of the program to additional communities.

Costs: None

Soon 13: Establish the position of "Director of DVR and Department of Public Welfare Coordinated Services" within the Department of Vocational Rehabilitation.

Responsibility: DVR

Implementation: The Department of Vocational Rehabilitation would establish this position after approval by the State Personnel Division.

Costs: FY 70—	Federal share	$17,970	FY 73—	Federal share	$20,802
	State share	4,492		State share	5,200
FY 71—	Federal share	$18,868	FY 74—	Federal share	$21,740
	State share	4,717		State share	5,525
FY 72—	Federal share	$19,811	FY 75—	Federal share	$22,860
	State share	4,953		State share	5,870

(Costs shown include director and clerk-steno "C" salaries and fringe benefits, travel expenses, and office expenses.)

Soon 14: Expand CVH's two local "Personal Adjustment Training Programs."

Responsibility: CVH

Implementation: A procedural change in CVH will be necessary. Current manpower will be utilized, and no additional finances are required. Two to four weeks of concentrated training in mobility, carried out in public building to help in general adjustment to blindness, is needed. Pilot program will serve as feeder for Rehabilitation Adjustment Center. The program should later be expanded to Southwest Virginia and Norfolk areas.

Costs: None

Soon 15: Develop college training programs, at both the undergraduate and graduate level, designed to produce vocational rehabilitation personnel needed in the future.

Responsibility: DVR (Director of Recruitment and Director of Training) and CVH

Implementation: Coordinate VR planning efforts with the current VALC study of ways to meet Virginia's needs in these areas (VALC Study Commission on Social Work, Manpower, and Education).

Costs: None

Soon 16: Apply for a grant to finance study of DVR intra-agency position analysis and specification: objectives of this study being:

a. To specify level and type of training for each position.

b. To develop additional "steps" in promotion process (to take into account: training, experience, and agency needs).

Responsibility: DVR

Implementation: The study would be devoted to an analysis of each position leading to the development of training programs designed to prepare people for specific levels of operation within the agency.

Costs: None

Soon 17: **DVR should provide all workshops with specific guidelines on the wage and hour laws relating to workshop employment.**

Responsibility: Director of Community Rehabilitation Facilities and Area Coordinators, when these positions are established.

Implementation: Overall study of wage and hour laws relating to workshops; development and distribution of guidelines to workshops.

Costs: None

INTERIM RECOMMENDATIONS

Interim 1: **Establish a regional comprehensive rehabilitation center in the Abingdon DVR Administrative Area.**

Responsibility: DVR

Implementation: Construct and equip a regional rehabilitation center with 600 daily caseload capacity able to serve 1800 clients annually.

Costs:	Federal share	$6,824,050
	State share	5,196,950

Implementation: Operate comprehensive center.

Costs: (Annual)	Federal share	$2,400,000
	State share	600,000

(See page 18)

Interim 2: **Develop Tidewater Rehabilitation Institute into a comprehensive rehabilitation center, to include vocational training and residential facilities.**

Responsibility: DVR and Norfolk Area Medical Center Authority.

Implementation: Additional construction, additional equipment, site work, fees, etc.

Costs:	Federal share	$4,519,050
	State share	3,401,950

(See page 19)

Interim 3: **Develop National Orthopaedic and Rehabilitation Hospital into a comprehensive rehabilitation center, to include vocational training and residential facilities.**

Responsibility: DVR and National Orthopaedic and Rehabilitation Hospital

Implementation: Additional construction, additional equipment, site work, fees, and related costs.

Costs:	Federal share	$3,554,050
	State share	2,691,950

(See page 19)

Estimated Costs of Comprehensive Center(a)

Construction(b)	$ 9,671,000
Equipment and furnishings	850,000
Fees and contingencies	1,200,000
Additional site work(c)	300,000
	$12,021,000(d)

(a) The daily caseload capacity of the comprehensive center for which costs are estimated would be 600. Services could be provided to approximately 1,800 persons per year with this capacity.

(b) This includes the following buildings: (1) Medical Building—approximately 100 bed capacity; (2) Vocational Training Building; (3) Activities Building; (4) Women's Dormitory—approximately 200 person capacity; (5) Men's Dormitory—approximately 300 person capacity; and (6) Administration Building.

(c) This is for site work only; it does not include land purchases.

(d) Based on the current rates, this total will increase from 5-7 percent per year.

Estimated Costs of Proposed Plan

Construction of one complete comprehensive center: $12,021,000

Federal share	$ 6,824,050(a)
State share	5,196,950(a)
	$12,021,000

(a) Based on Federal-State ratios of 55:45 for construction, fees, site work and 80:20 for equipment.

Estimated Operating Costs

Total annual operating expenses is $3,000,000 per center.

Case service costs cover most of the operating expenses of the comprehensive centers. It is expected that case service costs will average approximately $1,600 per client for each of the 1800 clients served by each center. This will provide approximately $2.88 million in case service costs for each of the comprehensive centers annually.

Federal share	$2,400,000
State share	600,000
	$3,000,000

Approximately 80 percent of annual operating costs are for staff salaries and wages. The following is a list of staff needed to operate a comprehensive center. Approximately 250 persons would be needed for each center with the distributions between administration and administrative services and student services.

Estimated Staffing Needs per Center

I. Administration
    1 Director
    1 Assistant Director
    2 Secretary
  Administrative Services
    1 Record Librarian
    1 Mail Clerk
    1 Duplicating Machine Operator
    4 Switchboard Operator
    1 Storekeeper
  Business Office
    1 Business Manager
    2 Accountant
    1 Purchase and Stores Supervisor
    1 Cashier
    1 Secretary
    3 Clerk
  Buildings and Grounds
    1 Superintendent
    2 Supervisor
    2 Assistant Supervisor
    9 Janitor
    14 Maid
    2 Driver
    4 Groundsman
    2 Painter
    2 Carpenter
    2 Electrician
    2 Plumber—Steamfitter
    5 Fireman

II. Student Services
1 Program Supervisor
1 Secretary

Counseling
1 Unit Supervisor
6 Counselor
4 Secretary
1 Housing Supervisor
4 Dormitory Counselor
6 Campus Patrolman

Student Activities
1 Unit Supervisor
3 Recreation Supervisor
1 Secretary
9 Recreation Aide
5 Clerk

Infirmary
6 Registered Nurse
5 Licensed Practical Nurse
18 Hospital Attendant

Occupational Therapy
1 Director
1 Supervisor
2 Occupational Therapist
1 O. T. Aide

Physical Therapy
1 Director
1 Supervisor
3 Physical Therapist
2 P. T. Aide

Evaluation
1 Program Supervisor
1 Unit Supervisor
2 Psychologist
3 Counselor
6 Vocational Evaluator
4 Secretary

Medical Services
1 Program Supervisor
1 Medical Director
1 Director of Physical Restoration
4 Staff Physician
1 X-ray Technician
3 Secretary

Speech Therapy
1 Director
1 Speech Therapist
1 Secretary

Vocational Training
1 Program Supervisor
2 Unit Supervisor
2 Secretary
40 Vocational Instructor

Development of Tidewater Rehabilitation Institute and the National Orthopaedic and Rehabilitation Hospital into Comprehensive Rehabilitation Centers.

Additional construction	$11,842,000
Additional equipment	1,125,000
	$12,967,000
Site work, fees, etc.	1,200,000
	$14,167,000
Federal share	$ 8,043,100(a)
State share	6,123,900(a)
	$14,167,000

(a) Based on Federal-State ratios of 55:45 for construction, fees, site work and 80:20 for equipment.

Estimated Operating Costs

Total annual operating expenses $3,000,000 per center.

Case service costs cover most of the operating expenses of the comprehensive centers. It is expected that case service costs will average approximately $1,600 per client for each of the 1,800 clients served by each center. This will provide approximately $2.88 million in case service costs for each of the comprehensive centers annually.

Federal share	$4,800,000
State share	1,200,000
	$6,000,000

Interim 4: Construct and equip a rehabilitation adjustment training center for the blind (operated by CVH) by 1972.

Responsibility: CVH and General Assembly

Implementation: Construct a rehabilitation adjustment center with daily caseload capacity of 20-40 clients able to serve approximately 120 persons per year.

Costs:	Construction	$1,035,000
	Equipment	100,000
		$1,135,000
	Federal share	$ 649,250
	State share	485,750

Operating costs: FY 72—$150,000. These costs are covered under expanded case service funds for the agency and include salaries for 11 professional, 3 clerical, and 7 service personnel.

Interim 5: Increase the funding of DVR and CVH in order that the severely disabled can be served.

Responsibility: General Assembly

Implementation: Increased appropriations to cover rehabilitation costs for severely disabled.

Costs: The costs of serving the severely disabled are included as part of the operating expenses for the planned comprehensive rehabilitation centers. It is estimated that the average cost per client in each center will be approximately $1,600. If each center serves 1800 clients per year, this will result in case service costs of approximately 2.88 million dollars per center per year. The case service costs will cover approximately 95 percent of the total operating costs of each center. Thus, the costs for serving the severely disabled are a part of the comprehensive center plan developed for serving the needs of all disabled persons in the State.

Interim 6: Establish the position category of "Counselor Aide."

Responsibility: DVR (Director of Recruitment and Director of Training)

Implementation: Establish the positions of counselor aide "A" and counselor aide "B" through the State Personnel Division. Duties are to include the performance of stenographic tasks and working with clients in the early referral stages. This should serve to reduce the amount of paper work for counselors. High school training is necessary and some college desirable. Stenographic or equal training is needed. In-service training in dealing with referrals would be offered by DVR. Salary range of $4,320-$5,400 for counselor aide "A" and $4,920-$6,144 for counselor aide "B" should be considered.

Costs: None

Interim 7: Employ and train counselor aides to reduce the amount of paper work for the counselor. Counselor aides could assume some of the preliminary counseling work which is not of a professional nature, but beyond that associated with the present duties of clerk-stenographers.

Responsibility: DVR (Director of Training and Director of Recruitment) and CVH

Implementation: Employ and/or train in FY 71 ten counselor aides "A"—assign six aides to DVR and four to CVH. Employ and/or train in FY 72 ten counselor aides "A"—assign eight to DVR and two to CVH.

Costs: FY 71—Federal share	$34,560	FY 72—Federal share	$37,632
State share	8,640	State share	9,408

Interim 8: Expand vocational rehabilitation personnel of CVH.

Responsibility: CVH and General Assembly.

Implementation: Secure funds for and employ additional staff consisting of eight professional and three clerical.

Costs: FY 71	$230,000	FY 72	$230,000

Interim 9: DVR should encourage and assist workshops and facilities to plan, develop, and initiate residential units for clients who are in need of such service.

Responsibility: DVR (Director of Community Rehabilitation Facilities and the Area Coordinators of Rehabilitation Facilities)

Implementation: The DVR Rehabilitation Facilities personnel would survey need, provide technical assistance in the planning of residential units, and would advise the workshop or facility of the grant procedures to be followed for federal assistance in the establishment of these units.

Costs: The federal ratio of 90:10 under expansion grants for a three-year period for alterations and equipment. Unit costs of approximately $1,000-$1,200 per person per year can be expected within residential units. This does not include construction or equipment.

Interim 10: Encourage and assist workshops and rehabilitation facilities to set up vocational evaluation units.

Responsibility: DVR (Director of Community Rehabilitation Facilities and Area Coordinators of Rehabilitation Facilities)

Implementation: The Director and Area Coordinators should assess the feasibility of establishing vocational evaluation units in given workshops or facilities.

Costs: The estimated costs for staff within the proposed CVH vocational evaluation units are approximately $35,000 annually. In any given facility, the exact cost will depend on the physical plant available, the size of the unit, and the number of staff needed.

Interim 11: The State should adopt an effective second-injury fund law. This law should conform to the coverage outlined in the Council of State Governments "Suggested Legislation for Broad Type Coverage Second- or Subsequent-Injury Funds."

Responsibility: Legislative action necessary. DVR and CVH have primary responsibility for supporting this legislative action.

Implementation: The Virginia Advisory Legislative Council is currently conducting a study of second-injury fund legislation. DVR and CVH should be consulted on the type of second-injury fund presented to the Legislature.

Costs: None (The fund is financed through employer contributions to the workmen's compensation fund.)

Interim 12: The State should adopt a law which will eliminate architectural barriers in public buildings. This law should meet the standards outlined in the Council of State Governments "Proposed Legislation on Architectural Barriers" which has been developed by the American Standards Association.

Responsibility: Legislative action is, of course, required for an architectural barriers law. DVR and CVH have the primary responsibility for supporting this legislative action.

Implementation: In addition, the Virginia Advisory Legislative Council is currently conducting a study of the problem of architectural barriers and of the possible legislative remedies. DVR and CVH should be consulted by VALC on the scope and type of legislation to be presented to the Legislature.

Costs: None

Interim 13: Provide assistance and guidance to workshops which are moving toward meeting the standards for workshop accreditation as outlined by the National Policy and Performance Council. In addition, advise workshops of these standards and develop additional standards, where necessary.

Responsibility: DVR (Director of Community Rehabilitation Facilities and the Area Coordinators of Rehabilitation Facilities)

Implementation: The Area Coordinators would be responsible for providing direct advice and guidance to local workshops. The Director would be responsible for outlining and developing additional standards.

Costs: None

Interim 14: Continue to maintain at least the regional average salary for all vocational rehabilitation personnel.

Responsibility: DVR, CVH, and Governor's Advisory Committee

Implementation: The Director of Recruitment and the Director of Training should keep abreast of the changing salary structures of members of HEW Region III. Salary ranges for Vocational Rehabilitation positions in Virginia should be revised to keep the agencies in competitive positions (at least as high as) with other agencies in the region.

Costs: None

Interim 15: Expand the work evaluation unit in the Charlottesville Workshop for the Blind.

Responsibility: CVH

Implementation: Obtain funds for FY 71—$120,000 and FY 72—$120,000.

Costs:	Federal share	$192,000
	State share	48,000

Interim 16: Provide at least one specialized counselor for the deaf in each of the seven DVR Administrative Areas.

Responsibility: DVR

Implementation: Obtain funds for and employ seven counselor "B's" and four clerk-steno "B's".

Costs:	FY 71	$ 98,000
	FY 72	98,000
	FY 73	98,000
	FY 74	98,000
	FY 75	98,000
		$490,000
	Federal share	$392,000
	State share	98,000

Interim 17: Increase CVH appropriations in order to rehabilitate more clients.

Responsibility: CVH and General Assembly

Implementation:	FY 70	$ 433,000
	FY 71	566,000
	FY 72	700,000
		$1,699,000

This is based on an increase of approximately 148 rehabilitations in FY 70, 184 rehabilitations in FY 71, and 217 rehabilitations in FY 72. It includes additional personnel costs of approximately $230,000 for three placement specialists, three mobility instructors, and three secretaries.

Costs:	Federal share	$1,359,200
	State share	339,800

Interim 18: Consider State administrative encouragement, ruling, etc., or legislation to give public business to workshops.

Responsibility: DVR, Governor's Advisory Committee, and General Assembly

Implementation: Introduce a broad State Use Law at the 1970 session of the General Assembly.

Costs: None

Interim 19: Expand the vocational rehabilitation part of the Home Teaching—Rehabilitation Cooperative Program of CVH.

Responsibility: CVH

Implementation: Obtain funds for and employ 18 additional professional personnel.

Costs:	FY 71	$148,000
	FY 72	158,000
		$306,000
	Federal share	$244,800
	State share	61,200

Interim 20: Expand the Business Enterprise Program of CVH.

Responsibility: CVH and General Assembly

Implementation: Secure funds for and employ three accountants, seven vending stand supervisors, and four clerk-steno "B's". This should enable the agency to serve an additional 62 clients in FY 71 and 66 clients in FY 72.

Costs:	FY 71	$91,000
	FY 72	95,000
		$186,000
	Federal share	$148,800
	State share	37,200

Interim 21: Encourage local school boards to take advantage of the permissive legislation passed in the 1968 General Assembly which allows localities to develop special education for children (ages 2-20) with hearing impairments (in cooperation with the State Board of Education).

Responsibility: DVR (Director of Cooperative School Programs)

Implementation: In 1968 and 1969 local school boards may use local funds to develop such programs. In FY 70, 60 percent reimbursement will be available to the localities (from the State).

Costs: None

Interim 22: Create seven posts of "Area Coordinator of Rehabilitation Facilities," one for each of the seven DVR Administrative Areas of the State.

Responsibility: DVR

Implementation: Establish the positions within DVR through the State Personnel Division. These positions will assume responsibility for the development of local rehabilitation facilities with respect to feasibility, funding, establishing market for products and services, and area coordination of rehabilitation facilities.

Costs: FY 71—Federal share	$ 98,798	FY 74—Federal share	$124,677
State share	26,446	State share	31,171
FY 72—Federal share	$111,790	FY 75—Federal share	$131,614
State share	27,944	State share	32,900
FY 73—Federal share	$118,076		
State share	29,519		

Interim 23: Establish the position of "District Supervisor" to coordinate services for the blind and visually handicapped.

Responsibility: CVH

Implementation: Obtain funds for and employ three district supervisors and three secretaries.

Costs: FY 71—Federal share	$48,342	FY 74—Federal share	$59,433
State share	12,834	State share	14,859
FY 72—Federal share	$53,910	FY 75—Federal share	$62,406
State share	13,476	State share	15,600
FY 73—Federal share	$56,604		
State share	14,151		

Interim 24: Establish new district (area) office for CVH at the most advantageous location in the three DVR areas not currently represented.

Responsibility: CVH

Implementation: Obtain funds for rent and operation of offices (covered in unit cost for District Supervisors).

Costs: FY 71	$15,000
FY 72	15,000
	$30,000

Interim 25: Develop a training program for sub-professional employees in private and public workshops and rehabilitation facilities.

Responsibility: DVR (Director of Community Rehabilitation Facilities and Director of Training)

Implementation: A master plan should be developed which will estimate personnel needs for current and future facilities and workshops, and training programs and facilities should be planned which will meet these needs.

Costs: None

Interim 26: **Offer State tax incentives during the training period for businesses willing to train and to hire handicapped persons in meaningful positions.**

Responsibility: DVR and General Assembly

Implementation: Tax credits would be given to businesses who train and hire the handicapped for meaningful positions. The tax credits would be based on wages paid during training and would be fixed according to a sliding scale. A suggested scale would be credits of: 75 percent for first quarter of training period, 50 percent for second quarter of training period, and 25 percent for third quarter of training period.

Costs: None

Interim 27: **Where possible, develop additional school units (rehabilitation facilities) in cooperation with local school systems. Where feasible, encourage local school divisions to develop plans for facilities involving two or more school divisions on a regional basis.**

Responsibility: DVR and local school divisions

Implementation: Cooperative agreement

Costs: Third party funds provided by school units for staff, equipment, etc. These are then matched by federal money. No State rehabilitation agency expenditures involved.

Interim 28: **Create post of "Director of Related Programs."**

Responsibility: DVR and State Personnel Division

Implementation: Establish position.

Costs:

FY 71	Federal share	$16,114
	State share	4,278
FY 72	Federal share	$17,970
	State share	4,492
FY 73	Federal share	$18,868
	State share	4,717
FY 74	Federal share	$19,811
	State share	4,953
FY 75	Federal share	$20,802
	State share	5,200

Interim 29: **Create in DVR the post of "Director of Recruitment."**

Responsibility: DVR

Implementation: DVR would establish the position through the State Personnel Division. Responsibilities of this position would include the initiation of information programs in high schools and colleges, close cooperation with the Director of Training, administration of the scholarship program, and assist in the development of professional and subprofessional curricula for VR personnel in the State's universities and colleges.

Costs:

FY 71	Federal share	$16,114
	State share	4,278
FY 72	Federal share	$17,970
	State share	4,492
FY 73	Federal share	$18,868
	State share	4,717
FY 74	Federal share	$19,811
	State share	4,953
FY 75	Federal share	$20,802
	State share	5,200

Interim 30: **Consider upgrading and activating DVR's research position ("Director of Research").**

Responsibility: DVR

Implementation: This could be handled as an administrative procedure. Responsibilities of position should involve the initiation of studies in a number of problem areas of the agency's program. It should also be devised to evaluate caseload over a period of years. A salary range of $14,328 to $17,900 should be considered. (Although this is in excess of the limits for this status, it is believed essential because a lesser amount would not attract an adequate research person.)

Costs:

FY 71—	Federal share	$19,462
	State share	4,865
FY 72—	Federal share	$20,000
	State share	5,000
FY 73—	Federal share	$20,540
	State share	5,135
FY 74—	Federal share	$21,120
	State share	5,280
FY 75—	Federal share	$21,720
	State share	5,430

Interim 31: Involve DVR, VEC, and the Department of Health in a study of the current military rejectee referral process as it relates to vocational rehabilitation.

Responsibility: Department of Vocational Rehabilitation, Virginia Employment Commission, and Department of Health.

Implementation: (1) In VEC and the Department of Health, the directors responsible for the rejectee programs would be assigned to the study group. DVR would assign the Director of Related Programs to this group. (2) Study the military rejectee referral process beginning with our evaluation of counselor effectiveness at the Armed Forces Examining Stations and extend the study to a consideration of the agencies' provision for services and their follow-up programs.

Costs: None

Interim 32: Establish a speakers' program for high schools to inform students of opportunities in vocational rehabilitation counseling and to advise them about preparing for such a career.

Responsibility: DVR, CVH, and all VR professional personnel

Implementation: This should be coordinated by the Director of Recruitment and could utilize avenues now available through ETV and the Virginia Council on Health and Medical Care. Coordinate with the State Council for Higher Education. All Virginia high school counselors should be visited at least once a year (by utilization of local VR personnel for visitation contacts). This program should be coordinated with the "College Day" and "Career Night" programs. Good use could be made of radio and television "spot announcements."

Costs: None

Interim 33: Emphasize the importance of establishing and maintaining "proper balance" between quality of the counselor's work and the number of "closures" realized.

Responsibility: DVR and CVH

Implementation: (1) Drop periodic quotas (numbers of closures "anticipated"), (2) finance program adequately, (3) encourage counselors to specialize, (4) follow up on the in-service training program and rationalize lower numbers of closures for closures of more difficult severity, (5) train supervisory personnel to identify severe cases as opposed to cases where "easy" closures can be obtained, and (6) place the maximum "merit" increase on the execution of optimum programs in terms of *closed rehabilitated* of all disability types; no specific closure should be promoted at the expense of others.

Costs: No increase in expenditures would be immediately evidenced, although case costs might rise as more difficult rehabilitations become frequent.

Interim 34: Stress the possibility of recruiting from more diverse backgrounds—in terms of training and preservice occupations.

Responsibility: DVR (Director of Recruitment) and CVH

Implementation: (1) Establish training programs in various institutions across the State; (2) supply prospective counselors from the high school visitation program with scholarship incentive; (3) direct the Director of Recruitment to initiate contacts with diverse elements of the student population—avoid recruitment from repetitive segments, such as Education, Sociology, etc.—and (4) in local meetings, church gatherings, professional association meetings, etc., plan to have representative for "Guest" speaker duties.

Costs: None

Interim 35: Establish a scholarship aid program for college students (undergraduate) who agree to pursue a career in VR work for at least the length of time of their scholarships (students who accept VR scholarships funding and do not enter the profession or do not remain in the profession at least the time of their scholarship would be required to compensate the agency to the extent of the unfilled term).

Responsibility: General Assembly and Governor's Advisory Committee

Implementation: Appropriation of an amount per student, per year on a graduated scale such as $500 for the first year, $750 for the second year, $1,000 for the third year, and $1,250 for the fourth year. For one student to complete the program an expenditure of $3,500 over four years would be required. If 12 students were in the program at any one time, three at each level, the cost per year would be $9,900.

Costs: FY 71—3 students @ $500 each
FY 72—3 students @ $500 each
3 students @ $750 each

Federal share	$4,200
State share	1,050

Interim 36: Further study of training programs and vocational rehabilitation curricula is needed to facilitate development of adequate programs at colleges and universities in Virginia.

Responsibility: DVR (Director of Recruitment and Director of Training) and CVH (Director of Training)

Implementation: Coordinate with Departments of Welfare and Institutions, Mental Hygiene and Hospitals, VEC, etc., to develop a "core curriculum" for training prospective counselors.

Costs: None

Interim 37: Give special emphasis to developing in-service training programs for agency supervisors.

Responsibility: DVR (Director of Recruitment and Director of Training) and CVH (Director of Training)

Implementation: (1) Use recent college graduates in a program structured to develop executive-level supervisory personnel, (2) develop a two-part curriculum consisting of practical training in all phases of DVR work and specific and select graduate courses to be offered which deal exclusively with the executive's role and responsibilities, and (3) solicit top-level executives from VR areas and other professions for in-service communications with emerging supervisory staff.

Costs: None

Interim 38: Consider increased counselor specialization as program grows.

Responsibility: DVR (Director of Training and Director of Recruitment) and CVH (Director of Training)

Implementation: (1) As the program expands, the possibility of counselor specialization becomes greater. Increased numbers of counselors can be directed into more sharply defined, specialized aspects of the VR process, and clients in categories requiring these specialties are better served. (2) Counselors can become more proficient in selected areas when in-service programs are structured for specialization.

Costs: None

Interim 39: **Develop an in-service curriculum which emphasizes more practical training (knowledge).**

Responsibility: DVR (Director of Training) and CVH (Director of Training)

Implementation: (1) Develop executive training program for supervisory personnel; (2) additional in-service training for all personnel; on-the-job training for all personnel, particularly early in vocational rehabilitation employment, with emphasis on concepts and practices of singular import to counselors; and (3) interagency cooperative training.

Costs: None

Interim 40: **Define specific times for counselors and supervisors to participate in in-service training programs.**

Responsibility: DVR (Director of Training) and CVH (Director of Training)

Implementation: (1) Expand in-service training programs to include training at the time of initial employment in vocational rehabilitation and again at stated intervals, and in specific programs. (2) Coordinate training meetings with visitations planned by national figures in vocational rehabilitation work.

Costs: None

Interim 41: **Provide professional personnel (counselors, supervisors, etc.) more time for professional development.**

Responsibility: DVR (Director of Recruitment and Director of Training) and CVH (Director of Training)

Implementation: (1) Agency should provide expenses each year for attendance at national meetings of professional importance to vocational rehabilitation personnel. (2) Invite professionals in vocational rehabilitation work to visit the State agencies and to lecture to area personnel in a series of Statewide appearances.

Costs: None

Interim 42: **Adjust promotion process for counselors in DVR and CVH by creating counselor "D" category for senior counselors.**

Responsibility: DVR and CVH

Implementation: (1) Add counselor "D" category with six "steps": $9,600 to $12,528; and (2) add three "D" positions in CVH and seventeen in DVR.

Costs: FY 71—Total cost(a):

1. 20 positions	Federal share	$ 6,912
2. $432 increase first year	State share	1,728
3. $432 x 20 = $8,640		
Total cost(b):		
1. 20 positions	Federal share	$153,000
2. $9,600 (first year)	State share	39,000
3. $9,600 x 20 = $192,000		
Total cost(c):		
1. 20 positions	Federal share	$ 46,848
2. $2,928	State share	11,712
3. $2,928 x 20 = $58,560		

(a) Begin 1971 with the first increment, 20 positions filled moving into "D" status.

(b) Begin 1971, 20 new positions.

(c) Total cost, 1971 to 1977 for 20 positions moving from $9,600 to $12,528.

Interim 43: **Adjust supervisors' salary scales upward.**

Responsibility: DVR, CVH, and Governor's Advisory Committee

Implementation: (1) Implement study of DVR position and classification. (2) FY 1971: 10 percent increase for area and unit supervisor $8,995 x 0.1 = $899.50 x the number of supervisors (20); and FY 1971: 10 percent increase for program supervisor $10,181 x 0.1 = $1,018 x 10 = $10,181.

Costs:	Federal share	$22,545
	State share	5,636

Interim 44: **Recruit and train supervisors from outside the program or from counselors showing a marked aptitude for executive positions.**

Responsibility: DVR (Director of Recruitment and Director of Training)

Implementation: (1) Develop a DVR in-service executive training program, (2) incorporate current three stages of training furnished by the University of Richmond, and (3) expand the above program as needed for individual candidates being trained for specialized positions.

Costs: None

Interim 45: **Introduce a fully computerized record-keeping system in DVR.**

Responsibility: DVR

Implementation: (1) Assess the need and determine the specifications of a system adequate for handling the types of operations planned by the DVR system analyst; (2) evaluate the relative cost and satisfaction of various systems; (3) acquire a system that satisfies the demand through at least 1975; (4) adapt the existing data handling process in the most expedient manner, leading to easy and rapid conversion to computer processing; (5) make provision for adequate tape and disk units for complete storage of files that are of both permanent and temporary types; (6) define problems that are essential to the structuring of emerging VR services within the next decade, and structure the data collection process and computer analysis(es) so as to provide information relative to the questions; and (7) cooperate with the Division of Planning and Community Affairs to coordinate State's electronic data processing.

Costs: (Costs should be determined following consultation with representatives of several companies. Costs, in general, will vary much more with respect to system requirements rather than among companies.)

LONG-RANGE RECOMMENDATIONS

Long Range 1: **Establish a regional comprehensive rehabilitation center in each of the following DVR Administrative Areas: Roanoke, South Boston, and Richmond.**

Responsibility: DVR

Implementation: Construct and equip three comprehensive rehabilitation centers.

Costs:	Construction and equipment:	
	Federal share	$20,472,150
	State share	15,590,850
	Annual operating expenses:	
	Federal share	$ 7,200,000
	State share	1,800,000

(See page 18)

Long Range 2: Expand the Rehabilitation Adjustment Training Center for the Blind by 1973.

Responsibility: CVH

Implementation: Additional construction and equipment.

Costs: Construction and equipment:

Federal share	$571,000
State share	424,000

Operating cost: FY 73—$360,000; FY 74—$360,000; FY 75—$360,000 (Costs covered under recommended appropriations for the agency. This includes salaries for 22 professional, 8 clerical, and 14 service personnel.)

Long Range 3: Increase appropriations for CVH in order to rehabilitate more clients.

Responsibility: General Assembly and CVH

Implementation: FY 73—$833,000; FY 74—$966,000; FY 75—$1,100,000. This is based on increases of approximately 246 rehabilitations in FY 73, 272 rehabilitations in FY 74, and 295 rehabilitations in FY 75. It includes additional personnel costs of $230,000 per year for 12 professional and 5 clerical.

Costs: Federal share	$2,319,200
State share	579,800

Long Range 4: Increase the number of counselor aides.

Responsibility: DVR (Director of Recruitment, Director of Training)

Implementation: Employ and/or train: FY 73—20 counselor aides "A," FY 74—25 counselor aides "A," and FY 75—30 counselor aides "A."

Costs: FY 73—Federal share	$ 73,920		FY 75—Federal share	$116,928
State share	18,480		State share	29,232
FY 74—Federal share	$ 94,272			
State share	23,568			

Long Range 5: Expand VR personnel of CVH to meet all needs by 1975.

Responsibility: CVH and General Assembly

Implementation: Secure funds for and employ additional staff—12 professional and 5 clerical.

Costs: FY 73—$230,000; FY 74—$230,000; FY 75—$230,000 (Costs covered in increased appropriations.)

Long Range 6: Continue the work evaluation unit in the Charlottesville Workshop for the Blind and establish a new unit in Richmond in conjunction with the Richmond Workshop for the Blind.

Responsibility: CVH

Implementation: Obtain funds for and employ one unit supervisor, three work evaluators, one social worker, one placement specialist, and one clerk-steno "B."

Costs: FY 73	$120,000
FY 74	120,000
FY 75	120,000
	$360,000
Federal share	$288,000
State share	72,000

Long Range 7: Continue the expanded business enterprise program (CVH).

Responsibility: CVH

Implementation: Obtain funds in the amount of $96,000 for FY 73; $98,000 for FY 74; and $99,000 for FY 75. This would enable the agency to serve 70 clients in FY 73, 74 clients in FY 74, and 78 clients in FY 75.

Costs:	Federal share	$234,400
	State share	58,600

Long Range 8: Continue the vocational rehabilitation part of Home Teaching—Rehabilitation Cooperative Program of CVH.

Responsibility: CVH

Implementation: Obtain funds for program.

Costs:	FY 73	$160,000
	FY 74	162,000
	FY 75	165,000
		$487,000
	Federal share	$389,600
	State share	97,400

Long Range 9: Initiate a master plan for the development and establishment of DVR operated half-way houses as transitional environments for the following client populations: (1) alcoholics, (2) public offenders, (3) transitional mentally ill and mentally retarded.

Responsibility: DVR (Director of Community Rehabilitation Facilities and Area Coordinators of Rehabilitation Facilities)

Implementation: Obtain support grants from the Rehabilitation Services Administration and the National Institute of Mental Health, which are available on a time-limited basis. The establishment of half-way houses requires, however, surveys of need in given communities; coordination with existing centers, facilities, and hospitals; and extensive planning of the type of half-way house (e.g., only residential or professional rehabilitation services).

Costs: Costs will depend on types of half-way houses established.

Long Range 10: There should be further study of training programs and vocational rehabilitation curricula to facilitate development of adequate programs at colleges and universities in Virginia.

Responsibility: DVR (Division of Research and Director of Training) and CVH (Director of Training)

Implementation: Consider developing such a program at one to three state institutions of higher education.

Costs: Not available

Long Range 11: Expand college scholarship aid program (undergraduate) to provide for increasing costs and increasing need for vocational rehabilitation personnel.

Responsibility: DVR (Director of Recruitment and Director of Training) and CVH (Director of Training)

Implementation: (1973-1975) Revise the graduated scale to $650 for the first year; $900 for the second; $1,050 for the third; and $1,400 for the fourth year. For one student for one four-year study program: cost = $4,000. If twelve students were in the program, three at each level, the annual cost = $12,000. Annual cost would be as follows:

FY 73 (3 students at $650 each + 3 students at $900 each + 3 students at $1,050 each) = $7,800
FY 74 (3 at $650, 3 at $900, 3 at $1,050, and 3 at $1,400) = $12,000
FY 75 (3 at each level from 1974 on) = $12,000

Costs:		
	Federal share	$25,440
	State share	6,360

Long Range 12: Expand recruitment and training of supervisors through in-service programs for executives sponsored by DVR.

Responsibility: DVR (Director of Training and Director of Recruitment)

Implementation: (1) Continue the development of the original program. (2) Numbers of supervisors needed at various levels have been added in reporting of costs for the seven comprehensive centers. Additional personnel is required if the agency expands units, central office staffing, etc. (3) Place middle-range supervisory personnel back in counseling when their administrative and executive capabilities fail to meet expectations. Use a new counselor classification "D," if seniority warrants.

Costs: None

TABLE 2—Summary of Estimated Manpower Needs, 1968-75*

Year	*Professional* (a)	*Counselors*	*Instructors & Evaluators*	*Other* (b)	*Clerical*	*Service*
1968	0	1	0	0	1	0
1969	10	24	9	0	18	0
1970	4	26	4	0	17	0
1971	30	37	9	10	37	0
1972	49	16	46	45	37	65
1973	12	25	15	20	19	14
1974	123	39	138	130	102	174
1975	0	0	0	30	0	0
	228	168	221	235	231	253

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* This relates to the manpower requirements of these recommendations only.

(a) Includes administrative, medical

(b) Includes aides and attendants

TABLE 3—Summary of Estimated Costs, 1968-75*

Year	*Federal*	*State*	*Total*
1968	$ 15,000	$ 180,000	$ 195,000
1969	2,151,087	1,067,884	3,218,971
1970	3,689,295	1,536,658	5,225,953
1971	17,035,327	12,202,425	29,237,752
1972	8,616,876	2,204,214	10,821,090
1973	29,831,624	18,261,969	48,093,593
1974	16,137,444	4,084,724	20,222,168
1975	16,287,472	4,097,482	20,384,954
	$93,764,125	$43,635,356	$137,399,481

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* This relates to the funding requirements of the recommendations of the Governor's Study Commission only.

REASONS FOR THE RECOMMENDATIONS

The following information provides the rationales and data in support of the recommendations which the Governor's Study Commission has made. The evidence is presented in as abbreviated a form as possible. For fuller explanation see the reports and other materials cited at the end of this report. Also see Volume II of this report which contains a comprehensive treatment of this material.

Individual recommendations often relate to several disabilities, programs, or other aspects of the total plan, but each is presented only once. Cross references are provided at the end of each section to guide the reader to related recommendations and evidence.

The designations, "action," "immediate," "soon," "interim," and "long range," are accompanied by a priority number before each recommendation denoting the location of that recommendation in the section "Recommendations" of this report. Check that citation for information about proposed ways to implement the recommendation, primary responsibilities for implementation, and funding and manpower requirements.

SENSORY DISABILITIES

Among persons between the ages of sixteen and sixty-four in Virginia, sensory disabilities—visual, hearing, and speech impairments—accounted for approximately 10 percent of total disabilities in 1968. Estimated incidence of sensory disabilities in the State during 1968 was 122,218 (46 percent of which were hearing impairments, 33 percent were visual impairments, and 20 percent were speech impairments).

A more meaningful estimate relating to sensory disabilities is the number of given sensory disabilities which result in severe work and (or) activity limitations, since these are the types of limitations which are most relevant for the population group needing vocational rehabilitation services. In the aggregate, 13,026 sensory disabilities result in these types of major activity limitations. On the average, more than one out of every nine sensory disabilities results in a severe major activity limitation among the "age-eligible" population. In addition, 15,198 sensory disabilities result in moderate major activity limitations.

A sizeable gap exists between the actual number of cases of sensory disabilities and the number served. Also, the gap between area-activity of the agencies and the actual incidence of sensory disabilities varies from area to area in the State. Clearly, there are many persons in the Commonwealth with sensory disabilities who are not being reached by the rehabilitation agencies.

Virginia law requires that a State blindness registry be maintained. Physicians are required to report all cases of blindness but often fail to do so. Medical schools could provide significant assistance by including information about reporting and other vocational rehabilitation programs in their curriculum.

Recommendation (Immediate 18): Seek ways (statutory, administrative, informational) to improve the reporting of legally blind persons to the commission for the visually handicapped.

Recommendation (Immediate 22): Develop a more efficient referral system for potential clients having hearing disabilities.

Recommendation (Interim 17): Increase commission for the visually handicapped appropriations in order that more clients may be rehabilitated.

Recommendation (Interim 21): Encourage local school boards to take advantage of the permissive legislation passed in the 1968 General Assembly which allows localities to develop special education for children (ages 2-20) with hearing impairments (in cooperation with the State Board of Education).

TABLE 4—Estimates of Incidence of Sensory Disabilities Among Persons Sixteen to Sixty-four in Virginia, 1968

			Extent of Limitation					
	Total Incidence		*Severe*		*Moderate*		*Mild*	
	#	%	#	%	#	%	#	%
Speech	24,968	21	4,342	33	2,171	14	18,455	20
Visual	40,438	33	5,428	42	7,599	50	27,411	29
Hearing	56,722	46	3,256	25	5,428	36	48,038	51
Total	122,128	100%	13,026	100%	15,198	100%	93,904	100%

With the exception of the Workshops for the Blind in Richmond and Charlottesville, operated by the Commission for the Visually Handicapped, workshop services to persons with sensory disabilities is virtually non-existent. There are thirteen workshops in the State, of which only the two Workshops for the Blind are publicly operated.

During 1967, rehabilitation workshops in Virginia reported serving 942 clients. Of this number, 176 were placed in competitive employment, and 196 were placed in workshop employment. The Workshops for the Blind served 102 clients of which nineteen were placed, one in competitive employment and eighteen in the workshops. Most workshops, therefore, provide terminal rather than transitional employment for the large majority of their clients. And since annual turnover in existing workshops is only about 200 clients per year, expansion of services to any disability group within the present workshop capability is difficult.

Eight workshops reported serving visual impairments, eight reported serving hearing impairments, and seven reported serving speech impairments. With the exception of the two Workshops for the Blind, which served 102 visually impaired persons in 1967, only four workshops served persons whose primary disability was visual. Only three workshops reported serving clients whose primary disability was a hearing or speech impairment. Again excepting the Workshops for the Blind, only fifty-one clients with primary sensory disabilities were served by workshops in 1967.

The services provided by workshops are primarily related to the vocational training process. Only one workshop in the State provides speech and hearing services. Further, the major service provided by most workshops is extended employment.

According to rehabilitation counselors, approximately 10 percent of persons with speech impairments, 8 percent of persons with visual impairments, and 11 percent of persons with hearing impairments could use workshop services if those services were available and adequate. While these estimates are related to rehabilitation agency caseload, projecting them to incident figures involving sensory disabilities which result in severe activity limitations provides a reasonable basis for estimating minimal workshop needs for persons with sensory disabilities. According to the projected figures, workshop services are needed for 1226 persons with sensory disabilities. Since all workshops in the State reported serving only 153 persons with primary sensory disabilities in fiscal year 1967, it is apparent that workshop services are not available for most persons having sensory disabilities. Indeed, workshop services have been provided to only about one-eighth of the persons who have sensory disabilities and could use these services.

During 1967, rehabilitation facilities in the State reported serving 6312 clients, with the public facilities accounting for 5546 (or 88 percent) of the total. Approximately 60 percent of the clients were served by rehabilitation units in school, mental, and correctional units. While a majority of the facilities reported serving persons with sensory disabilities, the actual number of persons with visual, speech, or hearing impairments served by rehabilitation facilities was quite small. Of the nineteen facilities for whom figures were available, seven reported serving clients whose primary disability was visual; six reported serving clients whose primary disability was hearing impairments; and four reported serving clients with speech impairment as the primary disability. Moreover, the total number of clients with primary sensory disabilities served by all rehabilitation facilities in 1967 was 179. This represented 2.8 percent of all clients served during the period.

Counselor estimates of the need for rehabilitation facility and comprehensive centers vary between disability groups. The need for comprehensive center services is greatest among persons with speech impairments and the need for rehabilitation facility services is relatively greatest among persons with hearing impairments.

If these estimates are projected to the incidence figures for severely impairing sensory disabilities, total need for rehabilitation facility services is found to exist for 3648 individuals with sensory disabilities and total need for comprehensive center services is found to exist for 2242 individuals with sensory disabilities. These figures are not additive, since the services of both types of facilities are to some extent interchangeable. Nevertheless, when these estimated needs are compared to actual service, only about 6 percent of those persons who need facility services are being served.

In 1967, workshop services were provided for 153 persons with primary sensory disabilities. During the same period, rehabilitation facility services were provided for 179 persons with primary sensory disabilities.

Recommendation (Immediate 2): Create and support a school unit at the Virginia School for the Deaf and Blind in Staunton.

Recommendation (Immediate 1): Create and support a school unit at the Virginia State School at Hampton.

Recommendation (Immediate 19): Create a work evaluation unit in the Charlottesville Workshop for the Blind.

Recommendation (Soon 9): Expand program of work evaluation unit in the Charlottesville Workshop for the Blind.

Recommendation (Soon 14): Expand the Commission for the Visually Handicapped's two local "Personal Adjustment Training Programs."

Recommendation (Interim 8): Expand the vocational rehabilitation personnel of the Commission for the Visually Handicapped.

Recommendation (Interim 16): Provide at least one specialized counselor for the deaf in each of the seven Departments of Vocational Rehabilitation administrative areas.

Recommendation (Interim 15): Expand work evaluation unit in Charlottesville Workshop for the Blind.

Recommendation (Interim 4): Construct and equip a rehabilitation adjustment training center for the blind by 1972.

Recommendation (Long Range 2): Expand the adjustment training center for the blind by 1973.

Recommendation (Long Range 6): Continue work evaluation unit in the Charlottesville Workshop for the Blind and establish a new unit in Richmond in conjunction with the Richmond Workshop for the Blind.

One factor which vitally affects the range and quality of services a workshop offers is the type of work contract it secures. Quite often the major portion of contracted work involves activities which do not permit workers to earn minimum wages. There is, in Virginia, a need to develop market outlets and contracts for workshops. Further, if a guaranteed market were available, workshops would be able to advance to more sophisticated production.

One source of contracts to be considered is State and local governments, as there is an increasing demand by governmental agencies for services. In fact, such action might assist in solving two problems—that of providing jobs for the handicapped, and making technical services available to governmental agencies.

Recommendation (Interim 18): Consider State administrative encouragement, ruling, or legislation to give public business to workshops.

The Commission for the Visually Handicapped supervises educational services for the blind through its Educational Services Department and welfare assistance to the blind through Aid to the Blind, intra-agency referrals for vocational rehabilitation services are made, when appropriate, to the Vocational Rehabilitation Department of the Commission for the Visually Handicapped.

Other intra-agency related programs include the Business Enterprises Department, the Home Study Department, the Workshops located in Charlottesville and Richmond, which provide training and employment for blind adults referred by the Vocational Rehabilitation Department. The Business Enterprises Department operates the vending stand program through which vending stands are established for visually handicapped persons in public and private buildings. Under this program, rehabilitation clients can be trained and established in vending stand operations. The Home Teaching Department provides a number of services, including counseling and instruction, to pre-school children and adults. Where necessary, referrals can be made between the Home Studies Department and the Vocational Rehabilitation Department of the Commission for the Visually Handicapped. In November 1967, a revised agreement was established for two departments setting forth the procedures to be followed by rehabilitation counselors and rehabilitation teachers in implementing a coordinated service program for rehabilitation clients. In addition, the services of the Talking Book Machine and Library Services Department are available for rehabilitation clients.

The intra-agency programs, then, are a function of agency policy. And, as the intra-agency programs which have been described indicate, the Commission for the Visually Handicapped has developed policies and procedures applicable to all departments composing the Commission which are designed to enhance full utilization of total Commission services in serving clients.

Recommendation (Interim 19): Expand the vocational rehabilitation part of the home teaching—rehabilitation cooperative program of the Commission for the Visually Handicapped.

Recommendation (Interim 20): Expand the Business Enterprise Program of the Commission for the Visually Handicapped.

Recommendation (Long Range 8): Continue the vocational rehabilitation part of home teaching—rehabilitation cooperative program of the Commission for the Visually Handicapped.

Recommendation (Long Range 7): Continue the Expanded Business Enterprise Program of the Commission for the Visually Handicapped.

PSYCHOSOCIAL DISABILITIES

Special Service Programs

There are many public agencies which have responsibility for providing specific services to certain disabled individuals. No one agency, however, has the *sole* responsibility for providing *all* services that may be needed by each disabled person in his effort to enter, remain in, or return to employment. Each public agency has legal limitations with respect to whom it can serve and the services which can be provided. Each agency also has financial limitations which may be restrictive.

As has been stated, the Department of Vocational Rehabilitation has the authority and responsibility for providing vocational rehabilitation services to the eligible disabled who are also the legal responsibility of another agency for other services. Limited vocational rehabilitation programs have been initiated with other public agencies as a result of cooperative agreements. The programs which are presently in existence can be maintained without the appropriation of additional State funds to the Department, however, expansion of these programs will require additional funds. In most instances, the State matching funds can be derived through a cooperative agreement or through the transfer of funds from the other public agencies. In a few instances, Federal funds might be obtained and the program of services greatly expanded through a change in the administration of the existing program.

Recommendation (Action 12): Have the Division of State Planning and Community Affairs study related State agency programs to determine if having the Department of Vocational Rehabilitation to administer all rehabilitation functions would be in the best interest of the State.

Department of Mental Hygiene and Hospitals

Central State Hospital. Through a cooperative agreement, certain buildings at the Hospital have been assigned to the Department of Vocational Rehabilitation for use in carrying out its program. The former personnel building, with a maximum capacity of 125 persons, is used to house rehabilitation clients who are also patients of the Hospital. A small building is used as a workshop and two small buildings are used in vocational evaluation and training. The Hospital provides, from its regular staff, the nurses and attendants and certain other personnel on a part-time or full-time basis who work full-time with the clients housed in the rehabilitation building. These expenditures of the Hospital are certified as being spent for vocational rehabilitation purposes and the Department of Vocational Rehabilitation earns Federal funds therefrom. The Federal funds are then used to pay the additional cost involved in the program operations at the Hospital. This includes staff in the area of counseling, evaluation, social work, psychology, instructors in training, and the workshop.

The existing vocational rehabilitation program can be financed under this arrangement. Consideration should be given, however, to an actual transfer of the funds and personnel involved in the operation of the program to the Department of Vocational Rehabilitation. This would insure that all State expenditures involved would earn Federal funds, whereas under present arrangements some State expenditures cannot be sufficiently identified for certification purposes. Many states have taken this approach in the development of vocational rehabilitation programs in mental hospitals. It is estimated that approximately 200 clients (patients) will be discharged from the Hospital each year as a result of the rehabilitation program and will need additional services after they leave the institution.

Western State Hospital. A rehabilitation unit is operated at Western State Hospital. The building assigned to the Department of Vocational Rehabilitation will house seventy clients and it is estimated that approximately 125 persons each year will be discharged from the Hospital and will require additional rehabilitation services after they leave the institution.

Eastern State Hospital. No formal rehabilitation unit has been established. The Hospital does have an intensive rehabilitation unit with housing facilities for fifty patients. It is felt that this might be the nucleus of a rehabilitation unit. At present, a full-time rehabilitation counselor is assigned to the Hospital and he maintains an average caseload of approximately seventy-five clients. The potential is many times this amount if a rehabilitation unit were established.

Southwestern State Hospital. No formal rehabilitation unit has been established. Under present conditions, it is doubtful that one could be established because of the type of patients and the lack of space and personnel which could be assigned. A rehabilitation counselor is assigned on a part-time basis.

Northern Virginia Hospital. This is a new institution to provide intensive treatment for acute psychiatric disturbances. There are to be 100 in-patient beds for hospitalized patients. It is indicated that the institution is to serve those individuals who have the greatest vocational rehabilitation potential. It could well be that a large number of all the patients served also could fall under the category of vocational rehabilitation clients. Much study and consideration should be given to the possibility of developing a cooperative program.

Petersburg Training School for the Retarded. This institution has a rated bed capacity of 360 patients with an average in-patient load of 288 during the fiscal year 1967. Mentally retarded individuals between the ages of eight and eighteen are admitted to the institution and a few individuals with an IQ below fifty are accepted. According to the report of the institution, more than one-half of the individuals are above fourteen years of age and are being provided certain elements of vocational rehabilitation.

No vocational rehabilitation unit is in operation at the institution, although a rehabilitation counselor is assigned on a full-time basis. The rehabilitation counselor generally gets referrals toward the end of the service program provided by the institution. It is believed that a high percentage of the total operating cost of the institution could qualify as matching for Federal vocational rehabilitation funds if a program were developed which met the requirements of Rehabilitation Services Administration. Serious study and consideration should be given to the development of a method through which the rehabilitation services in this institution could be greatly expanded by the use of Federal vocational rehabilitation funds.

Lynchburg Training School and Hospital. It is estimated that between 240 and 275 of the patients in this institution have vocational rehabilitation potential. The institution operates a small program which has some of the elements of vocational rehabilitation but is not adequate for maximum benefit. No vocational rehabilitation unit has been established within the institution, although a counselor is assigned on a part-time basis. It is believed that a unit could be established under a cooperative agreement whereby expenditures for vocational rehabilitation could be specifically identified.

Recommendation (Action 7): Seek State appropriation in order to complete the services required for the disabled individuals discharged from special service programs in mental hospitals, schools for the retarded, institutions for youthful public offenders, and public schools.

Department of Welfare and Institutions

Beaumont School for Boys. The enrollment of the school is made up of youthful public offenders above fifteen years of age. Practically all of the individuals assigned to the School have vocational rehabilitation potential because they have physical or mental disabilities. The mental disability may be actual mental retardation, functional retardation, or behavioral disorders. It is also believed that most of these individuals could benefit from a complete program of vocational rehabilitation which would involve the medical, psychological, social, and vocational services required for their adjustment into a work society on leaving the institution.

The School has operated a relatively small vocational training program with other limited services available in the medical, psychological, and social areas. The stated objective of the School for the future is to provide the total vocational rehabilitation services needed by each individual. Through a cooperative agreement, a Rehabilitation Unit was established at the School. Vocational instructors on the staff of the School are assigned to work full-time with rehabilitation clients. These expenditures are certified as being spent for vocational rehabilitation purposes and earn Federal funds therefrom. The Federal funds are then used to pay the additional costs involved in the program operations at the School. This includes staff in the area of counseling, vocational evaluation, additional instructors in training areas, and the cost of training supplies.

The existing program can be maintained without additional State funds, but expansion will require more State money. At the present time, approximately 25 percent of the boys are enrolled in formal vocational training or in remedial academic training relating to a chosen vocation. These services should be expanded so that they will be available to each boy.

It is estimated that between 200 and 250 boys will be discharged from the institution each year who will need additional vocational rehabilitation services after leaving the institution. These services would involve the continuation of training, maintenance while in training, placement and supervision on the job, and the staff required to work with them. State funds should be made available to the Department of Vocational Rehabilitation for the services required after they leave the institution.

Bon Air School for Girls. A rehabilitation program similar to the one described above is operated at the Bon Air School for Girls. The vocational training building at the School is not adequate to meet the demands of the 160 enrollment of the School. Capital outlay funds should be appropriated to match Federal vocational rehabilitation funds in the expansion and remodeling of the vocational training building, and to purchase the additional equipment needed and provide the additional instructional staff. It is estimated that some 150 to 175 girls will be discharged annually who will need vocational rehabilitation services while they are in the institution and who will also require additional services after leaving the institution.

Natural Bridge Forestry Camp. A rehabilitation program similar to that operated at the Beaumont School for Boys has been established at the Natural Bridge Forestry Camp. The Department of Vocational Rehabilitation has purchased equipment needed in the training areas and is providing several staff members. It is felt that all of the boys in the 90 to 100 enrollment at the School are excellent prospects for vocational rehabilitation. The program at the School should be expanded so that the vocational training and other services will be available to all of the boys.

Diagnostic and Evaluation Center. This is a new facility being constructed on State property at the Bon Air School for Girls. All juvenile offenders are to be sent to this 120 bed facility for a period of five to six weeks for diagnosis and evaluation. Determination will be made as to whether the individual is assigned to one of the training schools or whether some other action will be taken. The basic services are to be medical, psychiatric, psychological, and social evaluation.

Vocational evaluation should be an essential element in the diagnosis and the Department of Vocational Rehabilitation should be provided with funds to employ the rehabilitation staff required to participate in the total evaluative process. Most of the diagnostic work could thereby be done and a vocational rehabilitation program planned for those individuals above fifteen years of age regardless of whether they were sent to a school, placed in a foster home, or otherwise placed.

Supervised Boarding Homes. Funds have been requested to establish supervised boarding homes for individuals discharged from the youthful offender institutions so that follow-up services, including placement on jobs, could be done. This service can be provided by the Department of Vocational Rehabilitation for all individuals above sixteen years of age who meet the eligibility requirements. It is felt that most individuals in the schools mentioned above would be clients of the Department of Vocational Rehabilitation if the program were expanded within the institutions. Serious consideration should be given to the close cooperation between the two departments in this phase of service.

Penal Institutions. No formal vocational rehabilitation program has been established in the State penal institutions although a few referrals are received. Many states have developed rather extensive programs through cooperative agreements. The potential for vocational rehabilitation is very good and much study and consideration should be given to the close cooperation between the two departments.

Recommendation (Soon 3): The Department of Vocational Rehabilitation should consider the feasibility of creating special service units in the State's penal institutions.

Cooperative Programs with Local Public Schools

The Department of Vocational Rehabilitation has formal cooperative agreements with the following local public school systems: Albemarle County, Alexandria City, Chesapeake City, Fairfax County, Harrisonburg-Rockingham County, Richmond City, and Roanoke County.

Through the cooperative agreements, a work-study program is developed involving individuals at the secondary level who are physically handicapped, mentally retarded, functionally retarded, or emotionally disturbed. The schools assign certain special education teachers, vocational instructors, psychologists, or other personnel to work either on a part-time or full-time basis with those individuals who are accepted as clients. The academic instruction received is related to the vocational objective selected for the individual. The Department of Vocational Rehabilitation certifies the funds spent by the local school systems for these vocational rehabilitation purposes and Federal funds are earned therefrom. The Federal funds are then used to pay the additional costs involved in the program, including the services needed by the individuals which must be purchased from sources outside the school systems.

This same type of cooperative working relationship is possible with each local public school system which has a special education program at the secondary level. Much study and consideration should be given to expanding activities in this area.

It is estimated that approximately 525 to 700 individuals from the school systems with cooperative programs will need additional services after they have completed the school program in order to be satisfactorily trained and placed in employment. This number, of course, will increase each succeeding year as the programs reach full potential.

Recommendation (Soon 10): Continue efforts to initiate and expand the Department of Vocational Rehabilitation's special service units in cooperation with other agencies of State and local government.

Recommendation (Soon 5): Encourage cooperation between local school boards and the State Department of Education to develop special prevocational training for children with disabilities.

PROGRAMS: THE AGING

Various data document the inadequacy of rehabilitation resources for aged Virginians. Workshops and rehabilitation facilities are virtually non-existent for the aged. Vocational rehabilitation can cooperate in planning for the aged.

Recommendation (Soon 6): Coordinate efforts to consider developing rehabilitation facilities for the aged with the Governor's Commission on mental and geriatric patients created by the 1968 General Assembly.

PROGRAMS: WORKSHOPS AND FACILITIES

For purposes of reporting the information and of determining needs on a geographical basis, the State of Virginia has been divided into *seven planning areas* which correspond to the Department of Vocational Rehabilitation's administrative areas. The use of this type of division will not only facilitate initial planning and promote the provision of services and facilities for major population areas but will also provide useful correspondence between workshop and facilities planning and the Department of Vocational Rehabilitation statistical information relating to client caseload and disability incidence and prevalence within the major planning areas.

Planning Area I. Abingdon Area: includes the Counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe, and the Cities of Bristol, Galax, and Norton.

Planning Area II. Roanoke Area: includes the Counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski, Roanoke, and the Cities of Clifton Forge, Covington, Martinsville, Radford, and Roanoke.

Planning Area III. Charlottesville Area: includes the Counties of Albemarle, Augusta, Bath, Clarke, Fauquier, Fluvanna, Frederick, Greene, Highland, Loudoun, Louisa, Page, Rappahannock, Rockingham, Shenandoah, Warren, and Cities of Charlottesville, Harrisonburg, Staunton, Waynesboro, and Winchester.

Planning Area IV. South Boston Area: includes the Counties of Amelia, Amherst, Appomattox, Bedford, Buckingham, Campbell, Charlotte, Cumberland, Halifax, Luenburg, Mecklenburg, Nelson, Nottoway, Pittsylvania, Powhatan, Prince Edward, Rockbridge, and the Cities of Buena Vista, Danville, Lynchburg, Lexington, and South Boston.

Planning Area V. Alexandria Area: includes the Counties of Arlington, Culpeper, Fairfax, Madison, Orange, Prince William, Spotsylvania, Stafford, and the Cities of Alexandria, Fairfax, Falls Church, and Fredericksburg.

Planning Area VI. Richmond Area: includes the Counties of Brunswick, Caroline, Charles City, Chesterfield, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King George, King William, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Prince George, Richmond, Surry, Sussex, Westmoreland, and the Cities of Colonial Heights, Hopewell, Petersburg, and Richmond.

Planning Area VII. Norfolk Area: includes the Counties of Accomack, Isle of Wight, James City, Nansemond, Northampton, Southampton, York, and the Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Williamsburg.

Table 5—Population and Selected Client Characteristics of the Department of Vocational Rehabilitation Planning Areas in Virginia, 1967

Planning Area	*Population* (a)	*Rehabilitated clients* (b)	*Active cases*(c)	*Ratio of rehabilitated clients to pop.*
I. Abingdon	387,340	708	1,112	1:547
II. Roanoke	452,091	485	489	1:932
III. Charlottesville	428,772	733	852	1:585
IV. South Boston	491,164	609	632	1:807
V. Alexandria	904,588	795	909	1:1138
VI. Richmond	822,086	875	1,711	1:939
VII. Norfolk	1,116,050	970	1,218	1:1151
	4,602,091	5,175	6,923	1:889

(a) Estimates based on "A Report from the Bureau of Population and Economic Research: Estimates of the Population of Virginia Counties and Cities, July 1, 1967," (Graduate School of Business Administration, University of Virginia: Charlottesville, Virginia, October, 1967).

(b, c) Virginia Department of Vocational Rehabilitation, *Annual Report*: July 1, 1966-June 30, 1967 (Richmond, Virginia: December, 1967), pp. 10-11.

Table 5 provides information about the planning areas which have been established. As indicated, the population of given planning areas varies widely; Planning Area I (Abingdon) contained slightly less than 400,000 persons in 1967, while the largest concentration of population (over 1.1 million) was found in Planning Area VII (Norfolk). It is important to recognize, however, that the number of clients who have been rehabilitated or who are being considered for services by the Department of Vocational Rehabilitation are not directly related to the population of a given area. For example, Planning Area I, despite its small population, had the third highest active caseload, and fifth highest number of rehabilitated persons, and the highest ratio of rehabilitated clients to population of all planning areas, according to the Department of Vocational Rehabilitation fiscal year 1967 report.

Research

During a six month period (October 1967—March 1968), an extensive inventory and analysis evaluated certain characteristics of the existing facilities and workshops in the State. Among the factors considered were services, programs, personnel, equipment, size, clientele, financing, and referral systems.

While a list of existing workshops and rehabilitation facilities was rather easily established through consultation with the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped agency personnel, particularly the Workshops and Facilities Section of the Department of Vocational Rehabilitation, it was substantially more difficult to inventory additional resources and to obtain information from them. Working from a list of known additional resources provided by the Workshops and Facilities Section of the Department of Vocational Rehabilitation and augmenting this list through information provided by operating agency personnel (counselors and supervisors in the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped) and by rehabilitation facilities and workshops personnel, a questionnaire was mailed to more than 200 possible rehabilitation resources. Initial and follow-up mailings elicited a return of 106 questionnaires. Analysis of those places which did not respond indicated that many were not actually involved in the rehabilitation process.

An Overview of Rehabilitation Resources. Virginia had thirteen workshops, twenty-two rehabilitation facilities, and at least 106 additional resources in 1967. Table 6 shows the distribution of private and public rehabilitation resources in each of the planning areas of the State. The distribution of course is widely uneven when given planning areas are considered.

TABLE 6—Distribution of Private and Public Rehabilitation Resources by Planning Area in Virginia.

	Workshops		*Rehabilitation facilities*		*Additional resources*		
Planning Area	*Public*	*Private*	*Public*	*Private*	*Public*	*Private*	*Total*
I. Abingdon	0	0	0	0	3	0	3
II. Roanoke	0	3	0	0	5	9	17
III. Charlottesville	1	1	5	0	10	12	29
IV. South Boston	0	1	1	0	4	4	10
V. Alexandria	0	1	4	3	4	5	17
VI. Richmond	1	2	6	0	14	11	34
VII. Norfolk	0	3	1	2	12	13	31
	2	11	17	5	52	54	141

Utilization of Workshops and Facilities

Utilization of workshops and rehabilitation facilities in Virginia by the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped indicates rather striking differences. In fiscal year 1966, both the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped purchased case services primarily at rehabilitation facilities and adjustment centers rather than at workshops. In the case of the Department of Vocational Rehabilitation, services at rehabilitation facilities and adjustment centers were purchased for 714 clients at an average cost of $1,136 per client. This was the highest per-client average within Region III and was more than twice the per-client average of all general agencies in the United States. In the case of the Commission for the Visually Handicapped, the average per-client expenditure at rehabilitation facilities and adjustment centers was slightly above the national average of all agencies for the blind. Use of workshops by both agencies, however, was minimal. Thus, for example, the Department of Vocational Rehabilitation purchased services at workshops for only 60 clients at an average cost of $211. The number of clients for whom services were purchased was rather low in relation to the other areas of Region III and the per-client average expenditure was below the national average. The use of workshops by the Commission for the Visually Handicapped was equally limited, and the per-client average expenditure was less than one-fifth the national average for agencies for the blind. (This does not include the Workshops for the Blind operated by the Commission for the Visually Handicapped and located in Charlottesville and Richmond. These are part of the overall agency operation, so that case services are not purchased by the agency in these workshops. This same qualification also applies to the fiscal year 1967 data.)

In 1967, the amount of case services purchased from workshops and rehabilitation facilities and adjustment centers by the Department of Vocational Rehabilitation increased. The amounts spent by the Commission for the Visually Handicapped, however, decreased. The average per-client expenditure by the Department of Vocational Rehabilitation in rehabilitation facilities and adjustment centers remained high in relation both to the other areas of Region III and to the national averages. Conversely, the number of clients for whom services were purchased at workshops remained relatively low compared to the other areas in Region III, and the per-client average expenditure in workshops was substantially less than the national average.

The utilization patterns of the Department of Vocational Rehabilitation are particularly useful in providing a perspective for viewing the workshops and rehabilitation facilities in the State. It is clear, for example, that use of workshops by the Department of Vocational Rehabilitation is minimal while the use of rehabilitation facilities is substantial both in relation to other states in Region III and to national averages.

Rehabilitation Workshops

Type, Location, Sponsorship. Of the thirteen rehabilitation workshops in Virginia, eleven are privately owned and operated. The Commission for the Visually Handicapped operates the two public workshops in the State; these are the Workshops for the Blind located in Planning Areas III (Charlottesville) and VI (Richmond). The Department of Vocational Rehabilitation does not operate any workshops. The Department of Vocational Rehabilitation policy thus far has been to support existing private workshops rather than to establish and operate its own workshops.

While the number of workshops located in given planning areas of the State does show some correspondence with population, the location of workshops corresponds little, if at all, to the active and closed rehabilitated caseloads reported by the Department of Vocational Rehabilitation in each of the planning areas. Planning Area I (Abingdon) has the smallest population of any planning area, but it accounts for the third largest active caseload and the highest ratio of rehabilitated clients to population when compared to other planning areas. There are no workshops in Planning Area I. Planning Area II (Roanoke), on the other hand, has a comparably small population, the lowest active caseload and a relatively low rehabilitant-client ratio, but it has three workshops. While there may be a number of factors accounting for this extreme disparity, this strongly suggests that little planning on a Statewide basis has taken place with respect to the establishment of workshops in various areas of the State. Initiative with respect to the planning and establishment of workshops appears to have come largely from the local community.

Client Caseload and Information. During the 1967 fiscal year, workshops in Virginia reported serving 942 clients. Of this total, 176 were placed in competitive employment, and 196 new clients were placed in workshop employment. The two public workshops (the Commission for the Visually Handicapped operated Workshops for the Blind in Planning Areas III and VI) served 102 clients of which nineteen were placed—one in competitive employment and eighteen in the workshops. The client placement figures clearly indicate that most workshops provide terminal employment for the large majority of their clients.

Caseload figures obtained from the workshops also indicate that 119 clients are awaiting services. The largest waiting list was reported in Planning Area VII (Norfolk) which also has the largest daily caseload. While the workshops reported a caseload capacity which, if fully utilized, could accommodate a substantial portion of those presently awaiting services, it should be noted that few workshops maintain accurate waiting lists. Moreover, the referral system used in many workshops is such that only a portion of those who need workshop services are recognized in terms of waiting lists. Therefore, the figures reported by the workshops in terms of the number of persons awaiting services cannot be taken as reliable estimates of the numbers of persons actually needing workshop services.

The age groups served by workshops show that relatively few serve clients in the "over fifty-five" age category. The majority of workshops reported serving no clients in this age group. In three of the planning areas having workshops, persons over fifty-five years of age are not served.

TABLE 7—Rehabilitation Workshops and Selected Planning Area Characteristics

	No. of workshops	*Population* (a)	*Active cases* (b)	*Ratio of rehabilitated clients to population*
Planning Area I—Abingdon	0	387,340	1,112	1:547
Planning Area II—Roanoke	3	452,091	489	1:932
Planning Area III (c)—Charlottesville	2	428,722	852	1:585
Planning Area IV—South Boston	1	491,164	632	1:807
Planning Area V—Alexandria	1	904,588	909	1:1138
Planning Area VI (c)—Richmond	3	822,086	1,711	1:939
Planning Area VII—Norfolk	3	1,116,050	1,218	1:1151

(a) Estimates based on "A Report from the Bureau of Population and Economic Research: Estimates of the Population of Virginia Counties and Cities, July 1, 1967," *op. cit.*

(b) Virginia Department of Vocational Rehabilitation, *Annual Report, op. cit.* pp. 10-11.

(c) Includes the Commission for the Visually Handicapped Workshops for the Blind in these two areas which serve clients from the entire State, but the active caseloads and rehabilitant population ratios do not include the Commission for the Visually Handicapped caseload figures.

Table 8—Service and Placement of Clients by Rehabilitation Workshops in Virginia

			Clients placed in:		
	No. of workshops	*Clients served*	*Competitive employment*	*Workshops*	*Total*
Planning Area I—Abingdon					
Public	0	0	0	0	0
Private	0	0	0	0	0
Planning Area II—Roanoke					
Public	0	0	0	0	0
Private	3	230	76	84	160
Planning Area III—Charlottesville					
Public	1	65	0	15	15
Private	1	8	0	0	0
Planning Area IV—South Boston					
Public	0	0	0	0	0
Private	1	45	10	14	24
Planning Area V—Alexandria					
Public	0	0	0	0	0
Private	1	55	1	20	21
Planning Area VI—Richmond					
Public	1	37	0	3	3
Private	2	170	24	12	36
Planning Area VII—Norfolk					
Public	0	0	0	0	0
Private	3	332	65	48	113
Totals	13	942	176	196	372
Public	2	102	1	18	19
Private	11	840	175	178	353

The indication that most workshops in the State provide primarily terminal employment is reinforced by the figures the workshops report relating to client outcomes at discharge. Relatively few clients are placed into competitive employment and relatively few clients are discharged for further training, unfeasible goals, or homebound employment. In several workshops, a substantial number of clients are placed in extended employment within the workshop. Thus, most clients who enter the existing workshops are eventually placed in terminal employment situations.

Disability Groups Served and Types of Services Provided. The only disability group which all workshops report serving was mental retardation. While a large number of workshops reported serving other major disability groups—such as physical disabilities and emotional disorders—service to these groups is primarily in terms of secondary disabilities.

When the primary disability group served by workshops is examined, it is clear that mental retardation accounts for the greatest portion of the workshop caseloads. Eight workshops reported that mental retardation accounted for at least 10 percent of the primary disability caseload; for seven of these workshops, mental retardation represented 90 percent or more of the primary disability caseload. Since the two Workshops for the Blind (the Commission for the Visually Handicapped operated workshops in Charlottesville and Richmond) serve only visual impairments as the primary disability, it is evident that other major disability groups are not being served by workshops.

Only three workshops in the State can be classified as multi-disability workshops, and even within these workshops, mental retardation is the most significant primary disability. Thus, service to clients with other disabilities such as speech, visual, and hearing impairments, amputations or other orthopedic impairments, cardiac diseases, epilepsy, tuberculosis, alcoholism and mental and personality disorders other than mental retardation, has been very restricted.

TABLE 9—Caseload Figures for Workshops in Virginia

	No. of workshops	*Average daily caseload*	*Daily caseload capacity*	*Number awaiting services*
Planning Area I—Abingdon				
Public	0	0	0	0
Private	0	0	0	0
Planning Area II—Roanoke				
Public	0	0	0	0
Private	3	142	165	34
Planning Area III—Charlottesville				
Public	1	65	70	0
Private	1	8	8	0
Planning Area IV—South Boston				
Public	0	0	0	0
Private	1	25	30	17
Planning Area V—Alexandria				
Public	0	0	0	0
Private	1	56	60	0
Planning Area VI—Richmond				
Public	1	30	37	0
Private	2	113	151	15
Planning Area VII—Norfolk				
Public	0	0	0	0
Private	3	305	380	53
Totals	13	744	901	119

Extended employment is the major service provided by the greatest number of workshops. This is as expected because placement and turnover within the workshops are limited. Numerous other services related to the vocational process are also reported by a substantial number of workshops. A majority of workshops reported that they provided such services as prevocational and vocational training; vocational evaluation; vocational and rehabilitation counseling; personal adjustment training; including mobility; job conditioning; job placement; and transitional employment. It should be noted, however, that the provision of services reported here depends upon the interpretation and reporting by individual workshops and does not necessarily indicate that the services for all workshops or for any given workshop are quantitatively or qualitatively satisfactory.

Interagency Information: Referral system. Workshops in Virginia reported receiving 466 referrals in fiscal year 1967 from a variety of sources. The most important referral source was the Department of Vocational Rehabilitation which accounted for one-half of the referrals to all workshops. Admission to the two Workshops for the Blind is predicated upon referrals from vocational rehabilitation counselors of the Commission for the Visually Handicapped.

More important, however, is the fact that *only 410 persons* were referred to workshops by *all* public and private agencies which might be considered to be related to the rehabilitation process. The number of the Department of Vocational Rehabilitation referrals to workshops, while relatively high, represented only about 1 percent of the agency's total caseload during the 1967 fiscal year. Clearly, both public and private agency use of workshops is limited.

The number of referrals made by the workshops exceeded the number of referrals which they received. Workshops reported making 482 referrals in fiscal year 1967. A majority of these referrals were to the Department of Vocational Rehabilitation (258). *No referrals* were reported to such agencies as welfare departments, health departments, hospitals, or to the Job Corps and Manpower Development Training Programs. What emerges, then, is the lack of even an informal network of referrals between the workshops and many of the public and private agencies and programs which might be utilized in the rehabilitation process.

This view is reinforced by the finding that less than one-half of the workshops reported that they referred cases which they could not serve to other agencies for either total or auxiliary services. Only six workshops reported making such referrals, and these types of referrals were restricted to given types of disabilities.

Contact between the workshops and related rehabilitation agencies was also limited. Eight workshops reported having frequent contact with the Department of Vocational Rehabilitation, but none reported frequent contact with public schools, health departments, hospitals, Social Security Agency, and military agencies. Further, contact between workshops and such agencies as Virginia Employment Commission, welfare departments, and even other workshops was severely limited.

From the information reported by the workshops, it is clear that their use by rehabilitation agencies (or by agencies which are involved peripherally in the rehabilitation process) is limited and that contact between workshops and such agencies is not widespread. Even for the Department of Vocational Rehabilitation, which is the largest referral source and referral recipient and which is reported as having most frequent contact with workshops in comparison to other agencies, the use of them is extremely low.

Internal Operations: Counseling programs. The type of counseling program reported by workshops varied widely. Only four workshops reported having internal counseling programs—that is, counselors working within the workshop—and four others reported using counselors from the Department of Vocational Rehabilitation. Other outside counseling programs were reported by two other workshops, while the remaining workshops reported having no counseling program.

Vocational evaluation facilities within the State are unable to meet client needs. All of the workshops and rehabilitation facilities reported that they provided this service. However, it is recognized that in nearly every case this service is lacking in the necessary scope and depth. Only one workshop has a vocational evaluation unit as such. Rehabilitation facilities fare somewhat better in this respect but here again they do not meet the need.

A comprehensive vocational evaluation unit is operating at Woodrow Wilson Rehabilitation Center. Its services are in great demand and are scheduled ahead for months. Another problem is the distance and transportation difficulties involved for many vocational rehabilitation clients who need these evaluation services.

Recommendation (Interim 10): Encourage and assist workshops and rehabilitation facilities to set up vocational evaluation units.

Staff. Most of the workshops reported relatively few, full-time professional staff members. Seven of the thirteen workshops reported having two or fewer full-time professional personnel. The staff-client ratios are somewhat misleading when comparing all workshops, but they are useful in comparisons between workshops serving similar numbers of clients. In workshops serving fewer than 50 clients, the professional staff-client ratio ranges from 1:7.5 to 1:22.5. The two workshops in the 50-100 client range show a marked disparity, with staff-client ratios ranging from 1:6.5 to 1:26.5. Among the larger workshops (those serving 100 or more clients), the ratios are fairly consistent, ranging from 1:16 to 1:22. It is evident that more than one-half of the existing workshops have professional staffs which are so small as to impose restrictions on the types of services and quality of services which they can provide.

At the present time there are no training courses available for workshop personnel either on the supervisory or the sub-professional level. This is one of the many factors which has hindered the progress of workshops within the State, and will become an even more critical one as the number and size of workshops increase. Additionally, training courses will be greater in demand when workshops move more closely toward meeting the standards as set up by the National Policy and Performance Council.

Recommendation (Immediate 26): Explore the possibility of establishing training courses on a supervisory level for workshop personnel in community colleges or at Virginia Commonwealth University.

Recommendation (Interim 25): Develop a training program for sub-professional employees in private and public workshops and rehabilitation facilities.

Recommendation (Soon 17): The Department of Vocational Rehabilitation should provide all workshops with specific guidelines on the wage and hour laws relating to workshop employment.

Size and condition of physical plant. The small staff in many of the workshops is complemented by a relatively small physical plant. In only five cases did workshops report a production area of 10,000 square feet or more, and six workshops reported production areas of 5,000 square feet or less. Less than 150,000 square feet of production and instructional area is available in all of the existing workshops.

Equipment deficiencies. According to the workshops, equipment deficiencies were not as widespread as more general physical plant deficiencies. Nevertheless, five workshops indicated that they had equipment problems, primarily in terms of obsolescence. Four of these workshops reported current equipment improvement projects.

Distance from workshops. Given the number of workshops in the State and their relative concentration within planning areas, it is evident that substantial numbers of the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped counselors are quite distant from the nearest workshop. Over half of the Department of Vocational Rehabilitation counselors and nearly half of the Commission for the Visually Handicapped counselors are distant from the nearest available workshop. The problem is extremely acute for the Department of Vocational Rehabilitation counselors in certain planning areas. In Planning Area I (Abingdon) all of the counselors are over 100 miles from the nearest workshop. Only within Planning Areas II (Roanoke), VI (Richmond), and VII (Norfolk) are a majority of the Department of Vocational Rehabilitation counselors near a workshop. The problems of distance are, of course, most directly related to the areas which these counselors serve. Since there are no residential facilities at the existing workshops, rehabilitation clients in Planning Area I, for example, are faced with rather formidable transportation and living problems if they are going to use workshops. The same problems, moreover, are faced by clients within all planning areas where substantial numbers of counselors are quite distant from workshops. The problem of distance affects the counselor's knowledge about existing workshops as well as his ability to use them for his clients. It is to be expected that the sheer physical separation between many counselors and the workshops does not serve to maximize the counselor's knowledge about the services and general conditions of workshops. Because it is difficult for many counselors to send their clients to workshops, the lack of general familiarity is reinforced by a lack of first-hand experience with workshops.

Recommendation (Interim 9): The Department of Vocational Rehabilitation should encourage and assist workshops and facilities to plan, develop, and initiate residential units for clients who are in need of such service.

Recommendation (Long Range 9): Initiate a master plan for the development and establishment of the Department of Vocational Rehabilitation operated half-way houses as transitional environments for the following client populations: (1) alcoholics, (2) public offenders, (3) transitional mentally ill and mentally retarded.

Potential and actual use of workshops. While distance is not the only factor involved, its effects are at least partially evident in the estimates by the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped counselors and supervisors of actual and potential use of workshops by their clients. The disparity between actual and potential use of workshops as estimated by the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped counselors is quite evident. While 62 percent of the Department of Vocational Rehabilitation counselors estimated moderate or high potential use of workshops, only 22 percent reported moderate to high actual use. In the case of the Commission for the Visually Handicapped counselors, 68 percent estimated potential moderate or high use of workshops by their clients, but only 30 percent reported actual use at even the moderate level. In both agencies, then, the counselors' estimates of the number of their clients who actually use workshop services are substantially less than their estimates of the number of their clients who could use workshop services if those services were available.

Evaluation of workshops. Another factor which might affect the disparity between potential and actual use of workshops is the evaluation by agency personnel of their previous experience with workshops. Counselors and supervisors in both agencies evaluate workshops as being relatively poor.

Counselors and supervisors in both agencies also are dissatisfied with the services, staff, and facilities of those workshops with whom they have had experience. It is plausible that this attitude is at least partially responsible for the minimal use of workshops by both agencies.

Most workshops within the State see the attainment of accreditation as outlined by the National Policy and Performance Council as an extremely formidable, if not impossible, task. It would appear

Table 10—Size of Physical Plant of Virginia's Workshops, 1967

	*Production**	*Client Capacity*	*Instructional**	*Client capacity*	*Administrative**	*Other*
Roanoke Valley Training Center	1,976	27	0	0	504	1,440
Roanoke Goodwill Industries	9,000	167	2,000	60	1,000	14,000
E. L. Burgandine Sheltered Workshop	1,000	18	0	0	200	5,000
Workshop for the Blind (Charlottesville)	40,000	70	0	0	0	0
Linville-Edom Sheltered Workshop	500	8	0	0	0	2,000
Lynchburg Sheltered Workshop	5,000	50	0	0	0	0
Northern Virginia Sheltered Occupational Center	6,000	60	0	0	400	0
Workshop for the Blind (Richmond)	12,000	37	0	0	0	0
Southside Sheltered Workshop (Petersburg)	1,100	16	0	0	0	0
Richmond Goodwill Industries	37,000	135	0	0	0	0
Tri-County Rehabilitation Workshop	400	5	0	0	0	250
Norfolk Goodwill Industries	10,000	175	0	0	2,600	20,000
Tidewater Vocational Center	10,900	125	0	0	1,000	**

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* Production space—square feet

** 800 acres—gardening; capacity 20

that the most effective approach, indeed perhaps the only approach, lies in clearly defined stages and time tables. Workshop directors and their boards would welcome assistance in developing objectives.

Recommendation (Interim 13): Provide assistance and guidance to workshops which are moving toward meeting the standards for workshop accreditation as outlined by the National Policy and Performance Council. In addition, the Department of Vocational Rehabilitation should advise workshops of these standards and develop additional standards, where necessary, for Virginia workshops.

If workshops are to provide services commensurate with the needs of rehabilitation agencies, they must receive additional financial support. Further, this support must be available in a consistent manner. This would allow workshops to engage in long range planning including acquisition of additional equipment and staff.

One method of providing support would be for the rehabilitation agencies to contract for case services in a minimal amount on a monthly basis. This would be, however, difficult for the agencies to do unless additional appropriations were made.

Recommendation (Action 5): Request the General Assembly to make an annual appropriation of $175,000 to the Department of Vocational Rehabilitation to be used in the staffing and operation of private, non-profit sheltered workshops.

Rehabilitation Facilities

Distance from facilities. As was the case for rehabilitation workshops, substantial numbers of counselors are quite distant from rehabilitation facilities. In the case of the Department of Vocational Rehabilitation field counselors, the problems were particularly acute in Planning Area I (Abingdon), III (Charlottesville), IV (South Boston), and V (Alexandria) where only a small number of counselors, ranging from none to about one-fifth, reported themselves as being near a rehabilitation facility. The problem of distance is of somewhat lesser importance in dealing with rehabilitation facilities than with workshops. At Woodrow Wilson Rehabilitation Center, for example, there are residential

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facilities which allow the Center to serve clients from throughout the State. However, it should be noted that many of the facilities are unit operations (school, mental, and correctional) which serve only clients from the particular institutions with which they have cooperative agreements.

Potential and actual use of rehabilitation facilities. It is not surprising, therefore, that counselors and supervisors reported rather significant differences in the numbers of clients who actually use and those who could use the services of a rehabilitation facility.

Recommendation (Action 1): Increase the number of disabled Virginians served at Woodrow Wilson Rehabilitation Center.

Recommendation (Soon 2): Continue the rebuilding program at Woodrow Wilson Rehabilitation Center. Appropriate the necessary funds for planning of a new medical building.

Evaluations of experience with rehabilitation facilities. The counselors' and supervisors' evaluation of previous experience with rehabilitation facilities are relatively favorable. The evaluation of the comprehensive rehabilitation center is favorable among all groups.

The evaluation of rehabilitation facilities by counselors and supervisors in the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped contrasts sharply with the evaluations of workshops. Among supervisors in both agencies, workshop evaluations were quite negative and among counselors, negative responses were almost a majority.

Summary. While agency personnel view rehabilitation facilities much more positively than rehabilitation workshops, the data which have been presented reveal some important problems. First, large areas of the State have no rehabilitation facility. Second, many rehabilitation facilities serve only particular types of clients, such as those in schools or in mental and correctional institutions. While the utility of the unit operations is not questioned, many of the clients who are now being served and who will, in the future, be served by rehabilitation facilities, are institutional clients. This means that facility expansion has two components. Cooperative units can be established or expanded to serve increasing numbers of clients in institutions. However, general rehabilitation facilities are needed to serve clients drawn from the non-institutional population.

The age groups served by facilities indicate that older clients (those over fifty-five) are served at rather minimal levels by the existing rehabilitation facilities. In facilities serving the general population there is a need for provision of services to a greater number of older clients.

Recommendation (Interim 2): Develop Tidewater Rehabilitation Institute into a comprehensive Rehabilitation center, to include vocational training and residential facilities.

Recommendation (Interim 3): Develop National Orthopedic and Rehabilitation Hospital into a comprehensive rehabilitation center, to include vocational training and residential facilities.

Recommendation (Interim 1): Establish a regional comprehensive rehabilitation center in the Abingdon Department of Vocational Rehabilitation administrative area.

Recommendation (Long Range 1): Establish a regional comprehensive rehabilitation center in each of the following Department of Vocational Rehabilitation administrative areas: Roanoke, South Boston, and Richmond.

Need for Rehabilitation Resources

Estimates of Need. In order to provide reliable estimates of current and future needs for workshop, rehabilitation facility, and comprehensive center services, it is necessary to use these related estimates: (1) estimates of disability incidence and prevalence, (2) estimates of the ratio of severely limiting disabilities to total disabilities within given disability categories, and (3) estimates of need for given types of services within given disability categories.

The estimated needs reported here probably are minimal estimates. If Virginia is going to provide the necessary rehabilitation services to all the disabled who need them, it must expand workshop, facility, and center services beyond the needs estimated here. What is reported here is the irreducible minimum of what must be done.

Workshop services. During fiscal year 1967, all workshops in Virginia served 942 persons. The estimated need in 1968 by selected disability categories—excluding persons in the "other personality disorders," "digestive system," "genito-urinary system," "respiratory system," and "epilepsy" categories—is 21,707 (See Table 19).

According to the National Health Survey, persons with the most severe form of activity limitation experience an average of 1.9 limiting chronic conditions. Applying this figure to the number of severely limiting chronic disabilities reported above provides an estimate of 11,425 persons needing workshop services. Thus, workshops in Virginia are providing, at the maximum (since only selected disabilities have been used), services for about 8 percent of the persons in the State who need workshop services. Workshops in Virginia reported current and long-range improvement projects which would increase client service by 430 persons. If all of these projects were completed during 1968, it would mean that workshops could provide services to about 12 percent of the most severely disabled persons who need workshop services. Further, this would apply only to the selected disabilities for which figures are reported.

It is also worth noting that existing workshops in Virginia generally serve the mentally retarded. (This does not include, of course, the two Workshops for the Blind.) While the estimated number needing workshop services is greatest for the mentally retarded, substantial need exists also among the physical, sensory, and psychosocial disability categories. Workshop expansion, therefore, must be approached in terms of all disability types.

If the figures shown here are projected to 1975 on the basis of expected population growth, there will be approximately a 10 percent increase in the number of persons needing workshop services. This increase alone is greater than the capacity of Virginia's workshop and only slightly less than the projected capacity based on short-term and long-term improvement projects. It is also more than five times as great as the current annual turnover in workshop clients.

In order to meet the minimum needs noted here, workshop capacity in Virginia must be increased by 11,625 clients in the next seven years. Further, new workshops must be better equipped, staffed, and directed than most present workshops. If these needs are to be met, greater efforts by the State, the rehabilitation agencies, and local communities are

TABLE 11—Estimated Need for Workshop Services by Selected Disability Categories; Severe Limitations Only, 1968 Population, Sixteen to Sixty-four Years

Type of impairment	*Estimated incidence (severe major activity limitation)*	*Estimated percent needing workshop services*(b)	*Estimated number needing services*
Visual impairments	5,428(a)	8.3	451
Hearing impairments	3,256(a)	11.4	371
Orthopedic impairments	30,396(a)	17.6	5,350
Amputations	2,171(a)	10.9	237
Psychosis and neurosis	3,256(a)	28.2	918
Mental retardation	23,120(c)	41.0(e)	9,479
Alcoholism	19,389(c)	13.0	2,521
Drug addiction	269(c)	10.3	277
Cardiac and circulatory	9,770(a)	16.9	1,651
Speech impairments	4,342(a)	10.4	452
Digestive system	(d)	4.4	(d)
Genito-urinary	(d)	2.4	(d)
Respiratory	(d)	13.5	(d)
Epilepsy	(d)	28.1	(d)
Other personality disorders	(d)	16.9	(d)

(a) These figures are derived from Report No. 11 of the series "Vocational Rehabilitation in Virginia," *Estimation and Projection of Disability Incidence and Prevalence in Virginia* (Charlottesville: Institute of Government, July 1968).

(b) Estimates shown were provided by the Department of Vocational Rehabilitation counselors. The figures reported represent the average of counselor estimates for each disability.

(c) The total incidence figures used in these estimates are derived from national estimates. See Report No. 11, *op. cit.*, the ratio using 26.9 percent which is based on ratios for these disability types provided by the community surveys.

(d) There are no estimates of the ratio of severely limiting to total disabilities for these groups.

(e) This represents the average of counselor estimates.

necessary. In particular, the Department of Vocational Rehabilitation should take the lead in encouraging local communities to build workshops, in providing technical assistance to the communities, in getting universities throughout the State to establish training programs for workshop personnel, and in assuring that workshops of the proper type are established in areas where they are most needed.

Rehabilitation facility and comprehensive center services. During fiscal year 1967, rehabilitation facilities in Virginia (with the exception of WWRC) reported serving 4,840 clients. Again excluding the disability categories for which no reliable estimates of incidence and/or reliable estimates of the ratio of severely limiting to total disabilities (other personality disorders, digestive system disorders, genito-urinary system disorders, respiratory system disorders, and epilepsy), the estimated need in 1968 for selected disability categories is 34,348. Again applying the 1.9 average of limiting chronic conditions, the estimated number of persons needing rehabilitation facility services is approximately 18,078. (See Table 20.)

The Woodrow Wilson Rehabilitation Center reported serving 1472 clients during fiscal year 1967. Applying the counselor estimates to the severely limited incidence estimates and using the 1.9 average of chronic conditions per person yields a figure of 12,170 persons needing comprehensive center services in 1968. (See Table 21.)

The estimates of persons needing rehabilitation facility or comprehensive center services are additive. Therefore, there are approximately 23,936 persons in the State within the selected disability categories indicated in Tables 20 and 21 who could use the services of rehabilitation facilities or comprehensive

TABLE 12—Estimated Need for Rehabilitation Facility Services by Selected Disability Categories; Severe Limitations Only, 1968 Population, Sixteen to Sixty-four Years

Type of impairment	*Estimated incidence (severe major activity limitation)*	*Estimated percent needing services*(b)	*Estimated number needing services*
Visual impairments	5,428(a)	22.8	1,237
Hearing impairments	3,256(a)	32.2	1,048
Orthopedic impairments	30,396(a)	33.8	10,274
Amputations	2,171(a)	35.4	768
Psychosis and neurosis	3,256(a)	36.0	1,172
Mental Retardation	23,120(c)	28.9(e)	6,682
Alcoholism	19,389(c)	42.3	8,202
Drug Addiction	269(c)	35.2	95
Cardiac and circulatory	9,770(a)	35.9	3,507
Speech impairments	4,342(a)	31.4	1,363
Digestive system	(d)	38.9	(d)
Genito-urinary	(d)	33.7	(d)
Respiratory	(d)	35.8	(d)
Epilepsy	(d)	30.4	(d)
Other personality disorders	(d)	34.9	(d)

(a) These figures are derived from Report No. 11 of the series, "Vocational Rehabilitation in Virginia," *Estimation and Projection of Disability Incidence and Prevalence in Virginia* (Charlottesville: Institute of Government, July 1968).

(b) Estimates shown were provided by the Department of Vocational Rehabilitation counselors. The figures reported represent the average of counselor estimates for each disability.

(c) The total incidence figures used in these estimates are derived from national estimates. See Report No. 11, *op. cit.*, the ratio of severe limitation disabilities to total disabilities is derived by using 26.9 percent which is based on ratios for these disability types provided by the community surveys.

(d) There are no estimates of the ratio of severely limiting to total disabilities for these groups.

(e) This represents the average of counselor estimates.

centers. Expected increases from short-term and long-range physical plant and equipment improvement projects are expected to be 1,912 clients. Adding to 1967 rehabilitation facility and comprehensive center service would provide a figure of 8,224. Even when current and long-range expansions are completed, facility services for only about 35 percent of the persons needing these services would be available. Again, this percentage relates only to persons in selected disability categories whose disabilities result in severe major activity limitations.

Summary. The existing workshops in the State provide services to only a small fraction of the number of disabled who need workshop services. Further, since turnover in the existing workshops is only about 20 percent annually, considerable expansion in the client service capacities of most existing workshops would not be possible. In order to meet the minimum demonstrated needs, expansion of the more adequate workshops and the establishment of new workshops would have to result in an expanded workshop capacity of 11,625 clients in the next seven years.

Rehabilitation facilities in Virginia are, in general, more adequate in terms of staff, equipment, and physical plant than workshops. Nevertheless, rehabilitation facilities and the comprehensive center can provide services for approximately one-third of the disabled in selected disabled categories needing such services even when current and long-range expansions in existing facilities are needed. In order to meet the minimum needs, capacities of rehabilitation facilities and comprehensive centers will have to increase to 26,329 persons by 1975. This would mean an increase of 20,017 over the number of clients served in fiscal year 1967.

TABLE 13—Estimated Need for Comprehensive Center Services by Selected Disability Categories; Severe Limitations Only, 1968 Population, Sixteen to Sixty-four Years

Type of impairment	*Estimated incidence (severe major activity limitation)*	*Estimated percent needing services* (b)	*Estimated number needing services*
Visual impairments	5,428(a)	13.1	711
Hearing impairments	3,256(a)	15.7	511
Orthopedic impairments	30,396(a)	25.0	7,599
Amputations	2,171(a)	26.3	570
Psychosis and neurosis	3,256(a)	26.5	862
Mental retardation	23,120	27.4(e)	6,335
Alcoholism	19,389(c)	18.3	3,548
Drug addiction	269(c)	15.4	41
Cardiac and circulatory	9,770(a)	19.7	1,925
Speech impairments	4,342(a)	23.5	1,020
Digestive system	(d)	9.4	(d)
Genito-urinary	(d)	8.1	(d)
Respiratory	(d)	19.8	(d)
Epilepsy	(d)	31.1	(d)
Other personality disorders	(d)	29.5	(d)

(a) These figures are derived from Report No. 11 of the series, "Vocational Rehabilitation in Virginia," *Estimation and Projection of Disability Incidence and Prevalence in Virginia* (Charlottesville: Institute of Government, July 1968).

(b) Estimates shown were provided by the Department of Vocational Rehabilitation counselors. The figures reported represent the average of counselor estimates for each disability.

(c) The total incidence figures used in these estimates are derived from national estimates. See Report No. 11, *op. cit.*, the ratio of severe limitation disabilities to total disabilities is derived by using 26.9 percent which is based on ratios for these disability types provided by the community surveys.

(d) There are no estimates of the ratio of severely limiting to total disabilities for these groups.

(e) This represents the average of counselor estimates.

RECENT CASELOADS AND EXPENDITURES

Caseload Trends

A review of the caseload data for fiscal year 1967 shows the Virginia Department of Vocational Rehabilitation and the Virginia Commission for the Visually Handicapped dividing the vocational rehabilitation caseload on a ninety-five to five ratio, respectively. Both agencies had a significant backlog of cases at the end of the fiscal year.

In the Department of Health, Education, and Welfare Region III, Virginia ranked lowest in accepting and serving cases. In comparison to other jurisdictions represented in the Department of Health, Education, and Welfare Region III, Virginia accepted a relatively small proportion of her processed cases into active caseload, closed a disproportionately large number of cases from referral, and was able to process a relatively small proportion of the referred cases available. Although ranking poorly in the Department of Health, Education, and Welfare Region III on these aspects of total caseload movement, Virginia was close to the national average on several of the measures of total caseload movement. Also, Department of Vocational Rehabilitation had a relatively large number of clients in extended evaluation in 1967 and this tended to lower the State's ranking on caseload movement.

Even though Virginia has made sizable increases very recently in cases accepted, the State ranks sixth among the six units in the Department of Health, Education, and Welfare Region III in increases in cases accepted from 1954 to 1967. The State increase also was below the national average increase for the period. Of the two public vocational rehabilitation agencies in Virginia, Commission for the Visually Handicapped showed larger increase in cases accepted on both regional and national comparisons. (It started from a very small base in 1954, and in part this accounts for its large increase.)

In 1960, Virginia ranked thirteenth nationally in cases served per 100,000 population; by 1967 the State dropped to twenty-seventh. This is the poorest record of any state in the Department of Health, Education, and Welfare Region III. Not only was Virginia's trend on cases served per 100,000 population poor, the State also ranked low on the increase in percentage served during the period.

Virginia increased the total number of rehabilitations in the 1954-1967 period, but not at national or regional rates. In fact, from 1964 to 1965 the State actually showed a decrease in total number of clients rehabilitated. Virginia was the only state in the Department of Health, Education, and Welfare Region III to show a consistent loss in national ranking on the number of rehabilitants per 100,000 population, dropping from eighth nationally in 1960 to sixteenth in 1967. In the Department of Health, Education, and Welfare Region III, only West Virginia and North Carolina ranked above Virginia in 1960; by 1967 all jurisdictions in the region ranked above Virginia.

In recent years, however, Virginia's increase in the number of rehabilitants compared favorably with the United States and regional increase. Both in 1966 and 1967, the State ranked third in the region in percent increase over 1965. In 1963 Commission for the Visually Handicapped ranked seventeenth nationally in the number of rehabilitations per 100,000 but in 1967 it ranked eleventh.

The overall picture which emerges from analyses of caseload data for public vocational rehabilitation in Virginia is this: the program has grown in recent years, nevertheless the Virginia program still does not compare favorably to the region nor the nation. *The reasons for this difficulty arose during the period in which various components of the program in Virginia failed to keep pace with the increased emphasis such programs were receiving in other states.*

Despite the relative decrease in case service expenditures, particular case services remained fairly constant when measured as a percentage of total case service expenditures. For Department of Vocational Rehabilitation, case service costs for hospital and convalescent care have been decreased slightly since fiscal year 1965 as a percentage of total case service expenditures, while case service costs at rehabilitation and adjustment centers have shown a relative increase. For Commission for the Visually Handicapped's total case service expenditures, the relative amounts for training and training materials, diagnostic procedures, surgery and treatment, prosthetic appliances, and hospital and convalescent care increased slightly from fiscal year 1965 through fiscal year 1967, while the expenditures for maintenance and transportation, and rehabilitation and adjustment centers showed relative decreases.

Expenditures Trends

Under the 1965 Amendments to the Vocational Rehabilitation Act, the vocational rehabilitation program in Virginia has undergone significant expansion. In the three year period from fiscal year 1965 through fiscal year 1967, expenditures by rehabilitation agencies in the State increased by 110.1 percent. During the same period, per capita expenditures increased by 105.6 percent. Both of these increases exceeded the national averages for rehabilitation agencies.

Despite the increases in program expenditures, rehabilitation agencies in Virginia have been unable to utilize fully the Federal funds which have been allotted to the State. From fiscal year 1965 through fiscal year 1967, for example, only about one-half of the Federal funds allotted to the State have been used. Thus, continuing program expansion will depend upon greater use of Federal funds, and this will depend, in turn, upon increased State appropriations. It should be noted that in fiscal year 1967, Virginia ranked twenty-fifth in the nation in per capita expenditure of Federal funds but thirtieth in the nation per capita expenditure of State funds for vocational rehabilitation.

Increased expenditures have been accompanied by increases in the numbers of clients served and rehabilitated by Virginia's rehabilitation agencies. In the period from fiscal year 1965 through fiscal year 1967, the number of cases served by the Department of Vocational Rehabilitation increased by 15 percent, while the number of cases rehabilitated increased by 32 percent. The Commission for the Visually Handicapped increased its caseload during this period by 47 percent and its rehabilitations by 50 percent.

More important, perhaps, than the increases in client services has been the development of staff and resource capabilities which can provide the basis for greater increases in client services. Department of Vocational Rehabilitation and Commission for the Visually Handicapped increased their counseling staffs by more than 130 percent in the period from fiscal year 1965 through fiscal year 1967. In terms of man-years, Department of Vocational Rehabilitation had the greatest number of counselors of any general agency in Region III in fiscal year 1967.

The growth in counseling staff of Virginia's rehabilitation agencies was reflected in the relative increase of guidance and placement as part of total expenditures. Guidance and placement increased from 20 percent to 35 percent of Department of Vocational Rehabilitation's total expenditures in the period from fiscal year 1965 through fiscal year 1967.

The expansion of resource capabilities is also reflected in Federal grants to public and private workshops and facilities in the State. According to information supplied by the Region III Office of Health, Education, and Welfare, $263,100 in Federal grants to privately-owned workshops and facilities were made during the three fiscal years, 1966 through 1968. These grants covered project development and workshop improvement and were awarded to nine workshops and facilities in the State.

In addition, $643,700 in Federal grants were awarded to Department of Vocational Rehabilitation under training, research and development, innovation, and planning grants. Moreover, an application for $177,707 in Federal matching funds for a project grant which would provide training allowances to Department of Vocational Rehabilitation clients has been approved by the State Board of Vocational Rehabilitation and has been submitted to the Rehabilitation Services Administration.

In the period from fiscal year 1966 through fiscal year 1968, Commission for the Visually Handicapped has received $234,610 in Federal grants for training, project development, research and demonstration projects, and construction. Thus, a total of $878,310 has been provided for Virginia's rehabilitation agencies during the three-year period from 1966 through 1968.

There have been, then, important changes in Virginia's vocational rehabilitation program during the past several years, and many of these changes are the result of the increased participation of the Federal government in the vocational rehabilitation program under the 1965 Amendments. Nevertheless, a major part of the expansion of the Virginia program involves the development of staff and resource capabilities, and in order for the Virginia program to compare favorably with rehabilitation programs in other states, further development and expansion of these capabilities will be necessary.

Despite the striking increases in the Virginia vocational rehabilitation program during the past several years, Virginia continues to lag behind many states in a number of important dimensions. As noted above, Virginia ranked only thirtieth in per capita state expenditures and twenty-seventh in per capita total expenditures in fiscal year 1967. Second, while Virginia ranked sixteenth in rehabilitations per 100,000 in fiscal year 1967, it ranked twenty-seventh in cases served per 100,000. Third, average costs per rehabilitation in both Department of Vocational Rehabilitation and Commission for the Visually Handicapped were well below national averages. Fourth, while Virginia's average expenditure for rehabilitation facility services was above the national average, its average cost of workshop services were significantly lower than national averages. Virginia compares more favorably when guidance and placement expenditures, growth in counselor staff, and population per counselor are examined. In fiscal year 1967 the percentage of total expenditures for guidance and placement in the Virginia program was above the national average. In addition, Virginia ranked eighteenth in population per counselor, with one counselor per 33,964 population compared to the national average of one counselor per 41,892 population. Counseling man-years for the Virginia program in fiscal year 1967 were above those reported for other states in Region III.

In general, it appears that Virginia's rehabilitation agencies have been moving in the right direction, particularly in terms of developing staff and guidance and placement capabilities. *There are, however, some rather severe restrictions imposed by lack of appropriations and particular resources, such as workshops.* Increased appropriations, development of needed resources, and continued expansion in staff capabilities are needed if the State is to improve its position in terms of client services in the future. Agency estimates for fiscal year 1968 indicate that expansion is taking place. Total expenditures for Department of Vocational Rehabilitation and Commission for the Visually Handicapped in fiscal year 1968 are estimated at approximately $9.2 million. This is a substantial increase over fiscal year 1967 expenditures. *Nevertheless, continued expansion will be necessary if vocational rehabilitation services are to be made available to all handicapped persons by 1975.*

Recommendation (Immediate 5): Increase Department of Vocational Rehabilitation's client service capacity to provide for the rehabilitation of 7,800 clients in fiscal year 69 and 9,200 clients in fiscal year 70.

Recommendation (Action 9): Provide State appropriations to pay the employer's cost of social security, retirement and insurance for Department of Vocational Rehabilitation employees. (Department of Vocational Rehabilitation now must assume this, instead of the Virginia supplemental retirement system, as was previously done.)

Recommendation (Long Range 5): Expand vocational rehabilitation personnel of Commission for the Visually Handicapped to meet all needs by 1975.

Recommendation (Long Range 3): Increase appropriations for Commission for the Visually Handicapped in order to serve more clients.

The cost of serving the severely disabled are included as part of the operating expenses for the planned comprehensive rehabilitation centers. It is estimated that the average cost per client in each center will approximate $1,600. If each center serves 1,800 clients per year, this will result in case service costs of approximately $2.88 million per center per year. The case service costs will cover approximately 95 percent of the total operating costs of each center. Thus, the costs for serving the severely disabled are a part of the comprehensive center plan developed for serving the needs of all disabled persons.

Recommendation (Interim 5): Increase the funding of Department of Vocational Rehabilitation and Commission for the Visually Handicapped in order that the severely disabled can be served.

RELATED PROGRAMS

Through its involvement with a number of specific recipient population groups, the vocational rehabilitation program in Virginia has established, and is continuing to establish, ties to other agencies within the general context of related programs. Related programs involving vocational rehabilitation include a number of agency relationships which differ in terms of the nature of the agreements and the scope of the programs. The basic objective of related programs in terms of their relationship to vocational rehabilitation is to provide comprehensive services for particular population groups which need and are eligible for rehabilitation services.

In general, related programs of an inter-agency nature primarily involve the Department of Vocational Rehabilitation. Department of Vocational Rehabilitation has established a number of differing relationships with other agencies, both State and Federal. The related programs in which the Commission for the Visually Handicapped is involved are generally those between the vocational rehabilitation section and other departments within the agency.

There are a number of particular arrangements which characterize Department of Vocational Rehabilitation's relationship to related programs. First, there are cooperative agreements involving facilities between this and other agencies. Second, there are general agency cooperative agreements. Third, there are special assignments of Department of Vocational Rehabilitation personnel to other agencies. Fourth, there are the agencies—public and private—which are involved in the Department's referral network.

Fifth, there is the Social Security Disability Beneficiary Program.

Cooperative Agreements Involving Facilities

Under cooperative agreements with other agencies, Department of Vocational Rehabilitation operates 11 rehabilitation facilities. These include five school units which have been established in the Albemarle County, Harrisonburg-Rockingham, Alexandria, Fairfax, and Richmond school systems (school unit programs have recently been established in cooperation with the Chesapeake and Roanoke County school systems but will not be fully operative until the fall of 1968). In each of these cases, cooperative agreements are signed with the local school system in which the unit is to be established. In addition, there are four rehabilitation facilities which have been established at correctional institutions. These include the units at Beaumont, Bon Air, the Natural Bridge Forestry Camp, and the Federal Reformatory at Petersburg. The first three have been established through cooperative agreements between Department of Vocational Rehabilitation, and the Virginia Department of Welfare and Institutions. The rehabilitation unit at the Federal Reformatory is covered by a cooperative agreement and was established through an Expansion Grant. Thus, the costs of this unit are covered through fiscal year 1969 on a 90:10 matching basis. Department of Vocational Rehabilitation has also established two rehabilitation facilities at Western State Hospital and Central State Hospital. (A similar unit is now being established at Eastern State Hospital.) These units were established through cooperative agreements between Department of Vocational Rehabilitation and the Virginia Department of Mental Hygiene and Hospitals.

Under a cooperative agreement with the Virginia Department of Health, Department of Vocational Rehabilitation has agreed to establish vocational rehabilitation programs in two tuberculosis hospitals. These include the Blue Ridge Sanatorium, and the Catawba Sanatorium. While the agreement has been signed, the programs have not yet been established.

General Agency Cooperative Agreements

There are also formal agreements with public agencies which define the relationship between Department of Vocational Rehabilitation and these agencies. First, there is a cooperative agreement with the Virginia Employment Commission which covers, among other topics, the cross-referral of clients needing the services of either agency, the MDTA (Manpower Development and Training Act) and CAMPS (Cooperative Area Manpower Planning Systems) programs, and Virginia Employment Commission's performance of certain services for Department of Vocational Rehabilitation clients. Under the agreement relating to cross-referral of clients, Virginia Employment Commission counselors can provide assistance in placement for Department of Vocational Rehabilitation clients, and Department of Vocational Rehabilitation can provide services for clients referred by Virginia Employment Commission. Under the MDTA program, Department of Vocational Rehabilitation counselors can refer clients to Virginia Employment Commission for training under the Manpower Development and Training Programs. The CAMPS Program is a comprehensive inter-agency plan which could ultimately involve all State and Federal agencies involved in manpower and related programs. The agreement provides for inter-agency cooperation in any CAMPS programs involving the two agencies. In addition, the inter-agency agreement also provides that Virginia Employment Commission will administer the General Aptitude Test Battery to Department of Vocational Rehabilitation clients in order to determine vocational training and employment directions for them.

Department of Vocational Rehabilitation and Commission for the Visually Handicapped also have an inter-agency cooperative agreement which specifies the responsibility of each agency for the rehabilitation of persons having different types of visual impairments. Under this arrangement, for example, legally blind persons who are referred to Department of Vocational Rehabilitation are, in turn, referred to Commission for the Visually Handicapped. Visual eligibility is determined according to the following criteria: Department of Vocational Rehabilitation refers to the Commission for the Visually Handicapped persons: (1) having 20/200 or less vision in the better eye with correcting glasses, or a field restriction to 20 degrees or less in the better eye; or (2) having between 20/100 and 20/200 vision in the better eye with correcting glasses, or a field limitation to thirty degrees or less in the better eye, if the person has been unable to adjust satisfactorily to his loss of vision and if it is felt that the person, at the time of referral, should have the specialized services available through the Commission; or (3) having night blindness or a rapidly progressive eye condition which, in the opinion of a qualified opthalmologist, will reduce his vision to 20/200 or less; or (4) for whom eye treatment and/or surgery are recommended regardless of visual acuity.

An agreement between Department of Vocational Rehabilitation and the Virginia Department of Welfare and Institutions provides for cooperation between Department of Vocational Rehabilitation and local welfare departments. In effect, this agreement specifies the division of responsibility between Department of Vocational Rehabilitation and the local welfare departments in the rehabilitation of public welfare recipients. Department of Vocational Rehabilitation agrees to provide certain rehabilitation services, ranging from medical evaluation through job placement and follow-up. The local departments of welfare agree to provide specific auxiliary services which are needed by the client but which are not necessary for vocational rehabilitation. These auxiliary services include continuing financial assistance and services to the client.

Finally, there is a cooperative agreement between the Department of Vocational Rehabilitation and the Norfolk Area Medical Center Authority which operates the Tidewater Rehabilitation Institute. This covers certain assistance—including counseling, other professional, technical, and financial assistance for initial staff and equipment which Department of Vocational Rehabilitation will provide for the Institute. The Institute agrees to provide certain staff, services, and physical facilities, as well as to give preference—in terms of acceptance for services—to clients referred by Department of Vocational Rehabilitation and to accept certain fees for services.

Special Assignments of Counselors

While there are no formal agreements as such, Department of Vocational Rehabilitation has provided counselors—on either a part-time or full-time basis—to certain institutions established by public agencies. The most frequent type of special assignment is to various types of hospitals. Counselors are specifically assigned to: (1) the University of Virginia Hospital; (2) the Medical College of Virginia Physical Medicine and Rehabilitation Unit; (3) Eastern State Hospital; (4) the Petersburg Training School; (5) the Lynchburg Training School; (6) the Blue Ridge Sanatorium; (7) the Catawba Sanatorium; (8) Southwestern State Hospital; (9) the McGuire Veteran's Hospital; (10) the Veteran's Administration Hospital in Roanoke; and (12) the Virginia State School for the Deaf and Blind at Norfolk. In addition, there are counselors assigned to the Social Security Offices in Alexandria, Norfolk and Richmond.

Referrals

No formal agreements exist between Department of Vocational Rehabilitation and a number of other public and private agencies, but a number of these agencies are important sources of referrals. Among the public agencies which are involved are hospitals, educational institutions (with which there are no cooperative agreements), health agencies and the Industrial Commission. A large number of referrals, however, also come from private individuals and groups. Nearly one-quarter of Department of Vocational Rehabilitation's rehabilitated clients in fiscal year 1967, for example, were referred by private physicians. Substantial numbers of other clients were also referred by private groups and individuals.

Social Security Disability Beneficiary Program

Since July 12, 1966, Department of Vocational Rehabilitation has participated in the Social Security Disability Program. This program was authorized by the 1965 Amendments to the Vocational Rehabilitation Act which provided for the rehabilitation of selected Social Security disability beneficiaries. All costs of this program, including administration, counseling and guidance costs, and case service expenditures, are reimbursed to Department of Vocational Rehabilitation.

Commission for the Visually Handicapped Cooperative Agreements

Many of the services which are provided by Department of Vocational Rehabilitation through cooperative agreements involving inter-agency related programs are also provided by the Vocational Rehabilitation Department of Commission for the Visually Handicapped in cooperation with other departments in the agency.

Some of the services which Department of Vocational Rehabilitation provides through its special units are also provided by the Vocational Rehabilitation Department of Commission for the Visually Handicapped. Since the Commission supervises educational services for the blind through its Educational Services Department and welfare assistance to the blind through Aid to the Blind, intra-agency referrals for vocational rehabilitation services are made, when appropriate, to the Vocational Rehabilitation Department of the Commission.

Other intra-agency related programs include the Workshops for the Blind, the Business Enterprises Department, and the Home Study Department. The workshops, located in Charlottesville and Richmond, provide training and employment for blind adults referred by the Vocational Rehabilitation Department. The Business Enterprises Department operates the vending stand program through which vending stands are established for visually handicapped persons in public and private buildings. Under this program, rehabilitation clients can be trained and established in vending stand operations. The Home Teaching Department provides a number of services, including counseling and instruction, to pre-school children and adults. Where necessary, referrals can be made between the Home Studies Department and the Vocational Rehabilitation Department. In addition, the services of the Talking Book Machine and Library Services Department are available for rehabilitation clients.

The intra-agency programs, then, are a function of agency policy. And, as the intra-agency programs which have been described indicate, the Commission for the Visually Handicapped has developed policies and procedures applicable to all departments composing the Commission which are designed to enhance full utilization of total Commission services in serving clients.

There are formal agreements between Commission for the Visually Handicapped and the Virginia Employment Commission and Department of Vocational Rehabilitation. The agreement with Department of Vocational Rehabilitation, as discussed previously, sets forth the division of responsibility of both agencies for persons with visual handicaps. The agreement between Commission for the Visually Handicapped and Virginia Employment Commission provides for reciprocal referrals, the exchange of information between the two agencies, and testing services for rehabilitation clients.

Special Assignments of Counselors. While there are no formal agreements as such, Commission for the Visually Handicapped provides counselors on a special assignment, part-time basis to: (1) Virginia School for the Deaf and Blind; (2) Virginia School at Hampton; (3) Virginia Workshop for the Blind at Charlottesville; (4) Medical College of Virginia; (5) University of Virginia. Blind and visually handicapped located in other private and public institutions—such as hospitals, schools, correctional institutions, mental hospitals—are served by rehabilitation counselors as part of their regular caseload.

Referrals

The Commission maintains a centralized system known as the Model Reporting Area System which identifies and maintains information on legally blind persons residing in the State. Information is collected from a number of sources. These include welfare departments; public schools; opthalmologists, optometrists, and opticians; local health departments; social security offices; employment offices; hospitals and clinics; and the Division of Motor Vehicles. Either through direct supervision of programs—such as Aid to the Blind, Education Services Department —or through personal contacts between counselors and the sources listed above, the names of blind and visually handicapped persons are obtained. In addition, persons receiving services or referred to any department within the Commission are made known to other departments within the agency in order to provide, where necessary, utilization of total Commission services.

Current Relationships

Social Security Trust Fund Disability Beneficiary Rehabilitation Program. Under the 1965 Amendments to the Social Security Act, Congress established a provision to permit rehabilitation of selected Social Security disability beneficiaries to be paid from the Social Security Trust Funds. The Virginia Department of Vocational Rehabilitation amended its state plan in 1966, in order to make use of these funds with the objective of making it possible for more disability beneficiaries to receive vocational rehabilitation services. All costs of this program, including administration, counseling and guidance costs, and case service expenditures, are reimbursed to the Department.

In September, 1966, a survey was made of Social Security disability beneficiaries throughout the State who were actively receiving some type of rehabilitation service through the Department of Vocational Rehabilitation. Approximately 55 clients who met Trust Fund eligibility requirements were found. As of February 29, 1968, 224 cases had been assigned to the Disability Beneficiary Rehabilitation Program. It is anticipated that the Disability Beneficiary Rehabilitation Program will continue to expand and the number of SSDB cases served through the program will increase.

Objectives of the Trust Fund Program are as follows:

1. To restore disability beneficiaries to substantial employment.

2. To offset (or save) costs to the Trust Fund through:

a. Benefits saved

b. Additional tax contributions on earnings of rehabilitated workers.

Personnel have been increased as the need became evident. Initially, there were a program supervisor and a secretary who performed the administrative duties of the program. Cases were referred to local field counselors. Three special Trust Fund counselors and three secretaries have been employed since January 1, 1968. They have been placed in the metropolitan areas of Alexandria, Richmond, and Norfolk and will be assigned only SSDB clients. Plans are being made to add a special counselor and secretary to the Roanoke office shortly after July 1, 1968.

The great majority of referrals of disability beneficiaries are made from the Disability Determination Section. Here they are screened and those cases which seem to possess some potential for benefiting from Department of Vocational Rehabilitation services are forwarded to the appropriate counselor. Some additional referrals are made by the many referral agencies which are visited by counselors.

The growth in the Social Security Disability Beneficiary program during the past two years has been substantial. In fiscal year 1967, total expenditures under the program were $144,749. In fiscal year 1968, total expenditures are expected to total $200,300, and this will represent a 38.4 percent increase over 1967 expenditures. In terms of both rehabilitation and expenditures, therefore, it is expected that the SSDB program will continue to increase.

Recommendation (Immediate 9): Increase the special assignment of Department of Vocational Rehabilitation counselors to social security disability beneficiary cases, extend it to areas of the State not presently covered, and continue its expansion of the SSDB program.

Office of Economic Opportunity. There are a number of programs administered by the Office of Economic Opportunity which could provide for Department of Vocational Rehabilitation clients. It is possible, for example to have Department of Vocational Rehabilitation counselors refer clients for specific services under the following programs: Community Action Program; Job Corps; Neighborhood Youth Corps; Work Experience; Adult Basic Education; Upward Bound; Legal Services; Small Business Loans; and Health Services, among others. For the most part, referrals of this type would involve auxiliary services provided by one or more of the OEO programs.

In order to evaluate these programs, records of referrals to the OEO programs are needed, and these records are not kept. It is probable, however, that utilization of these programs is minimal at present, since many have been established only recently, and there has been no attempt by the agency to inform counselors of the programs and services which are available.

It is clear that nature and scope of the various OEO programs could provide significant assistance to vocational rehabilitation. In order for maximum assistance and cooperation to occur, however, it will be necessary for the agency to take steps to inform counselors about the available programs and how these programs might be best utilized. It would also be helpful if a system for recording referrals to OEO would be established, since this would provide some objective indices for evaluating the OEO related programs.

Recommendation (Immediate 27): Set up record keeping systems at the counselor level of Department of Vocational Rehabilitation to provide information on referrals to related programs, the services provided to referrals by related programs, and the outcome of training provided to referrals by related programs.

Department of Public Welfare and Institutions. Department of Vocational Rehabilitation's relationship with the Department of Public Welfare and Institutions consists of cooperative agreements involving: (1) facilities at correctional institutions for juvenile offenders and, (2) inter-agency referrals involving local public welfare departments. The three institutions at which facilities have been established are the Natural Bridge Forestry Camp, the Bon Air School for Girls, and the Beaumont School for Boys.

The agreement with the Department of Welfare and Institutions also provides for reciprocal services with local welfare departments. Caseworkers with the local welfare departments refer their clients to Department of Vocational Rehabilitation for rehabilitation services, and the local welfare departments agree to provide specific auxiliary services. In general, then, the relationship here involves a referral system, and the scope and effect of the program are essentially determined by the number of clients referred to Department of Vocational Rehabilitation and the status in which these clients are closed.

Bon Air School for Girls is a training school for delinquent girls between fourteen and eighteen years. Children are assigned to the institution following their commitment to the Board of Welfare and Institutions by the juvenile courts throughout the State. The purpose of the institution is to rehabilitate these children through the use of education, casework, psychology, psychiatry, medicine, vocational training, and religion. Girls are committed for an indeterminate period of time. Their average age is 15 years and 6 months and the average length of stay at the school is seven months.

In February, 1965, the Department of Vocational Rehabilitation, through cooperation with the Virginia Department of Welfare and Institutions, established a Vocational Rehabilitation Unit at Bon Air. The aim is to offer vocational rehabilitation services concurrently with and subsequent to confinement of disabled delinquent adolescents at the school.

Personality disorders comprise the single largest disability group of clients at the school and accounts for 60 percent of the total. The bulk of the remaining 40 percent suffer from mental retardation. Clients of all disability categories will be served if referred but virtually all of the referrals fall into one or both of the above groups.

Services provided to clients include:

Physical and medical evaluation
Psychological services
Social services
Pre-vocational and vocational training
Vocational evaluation
Rehabilitation counseling
Personal adjustment training
Referral for treatment
Job conditioning
Job placement

During fiscal year 1967, the rehabilitation unit provided services for 220 clients. Of this number, 50 were placed into competitive employment. The types of employment involved were many and varied but most placements were in the areas of personal services, clerical, secretarial, beautician, and nurse's aide. All of the clients served were referred by the Bon Air School for Girls.

The Vocational Rehabilitation Unit referred 40 clients to the State Mobile Psychiatric Clinic (Department of Welfare and Institutions) for auxiliary services. The services requested were additional psychological testing.

Sponsored by joint cooperation of the Virginia Department of Vocational Rehabilitation and the Virginia Department of Welfare and Institutions, a Vocational Rehabilitation Unit was launched at the Natural Bridge Forestry Camp in late summer of 1966. A relatively small number of delinquent youth have physical disabilities. A greater number have mental disabilities, mostly in the form of mild retardation. By and large, however, a still greater number of confined youth function with certain behavioral and personality disorders. Also, there are additional combinations of the above conditions.

Of the clients served at Natural Bridge Forestry Camp by Department of Vocational Rehabilitation, 75 percent suffer primarily from personality disorders and 25 percent from mental retardation. A full 85 percent of all served here possess psychosocial disorders which constitute either a primary or secondary disability.

A full range of services are provided, including the following:

Physical and medical evaluation
Medical management
Medical consultation
Psychological services
Social services
Pre-vocational and vocational training
Vocational evaluation
Rehabilitation counseling
Personal adjustment training
Transitional employment
Job placement

In March, 1965, the Department of Vocational Rehabilitation and the Virginia Department of Welfare and Institutions established a cooperative Vocational Rehabilitation Unit at Beaumont School for Boys. The objective of this joint effort is to assist students of the institution to reach a level of vocational adjustment that they, insofar as possible, may achieve an independent self-supporting status. A formal cooperative agreement requires each agency to examine its own unique capacity for providing services which enable delinquent boys to grasp an opportunity for improving their troubled plight. Currently neither agency alone commands sufficient resources to accomplish this tremendous task of integrating the delinquent youth with normal society.

Through the pooling of resources, however, and by blending efforts of each agency, the resulting dual contribution greatly enhances the effectiveness of services to the delinquent youth.

As in all correctional institutions, the largest disability group of clients are those who suffer from personality disorders. Roughly 80 percent fall into this category. The remaining 20 percent are mentally retarded. Clients with any type of disability will be served if referred.

During fiscal year 1967, 535 clients were served by the Unit. Of these clients, ninety-eight were placed into competitive employment. Although the types of employment were many and varied, most of them were in the areas of personal services, construction, barbering, auto mechanics, service station attendants, and building and grounds maintenance.

There is a definite lack of space for evaluation purposes, and the need for such space has been felt acutely. This is now being remedied. Cooperation between the two State agencies and use of matching State-Federal funds will result in construction of a $74,074 addition to and remodeling of the vocational training building. In addition, the vocational instruction staff will be increased. It is anticipated that this expansion and improvement will enable the Unit to serve about 100 additional clients.

The types of major equipment being used in the Unit are woodworking, auto mechanics, barbering, food service, and brick masonry. Additional equipment will be acquired after construction and remodeling of the physical plant are completed.

At the correctional institutions, then, Department of Vocational Rehabilitation has established programs for all clients accepted for vocational rehabilitation services involving comprehensive vocational evaluation within the institution, and, upon their discharge from the institution, those vocational rehabilitation services needed to enhance their adjustment into employment.

The correctional units employ approximately thirty-one full-time professional staff members. During fiscal year 1967, a total of 853 clients were served by the units, which meant that this number of clients was reached before discharge from the institutions and that services were begun at a time when they might be most effective. Prior to the establishment of these units, this specific client population would not have been referred to Department of Vocational Rehabilitation until discharge, if there were any referral at all.

In fiscal year 1968, 26,416 adults received assistance under the Aid to the Permanently and Totally Disabled and the Aid to Dependent Children programs in Virginia. Of this total, 9,200 were covered under APTD and 17,216 under ADC. The number of referrals from local Welfare Departments to Department of Vocational Rehabilitation, however, was only 3,170 for all cases on hand as of July 1, 1967 and new cases coming during fiscal year 1968. Given the number of adults under the APTD and ADC programs, only about one out of every fifteen adults covered are referred to Department of Vocational Rehabilitation during a given fiscal year.

Recommendation (Soon 13): Establish the position of "Director of Department of Vocational Rehabilitation and Department of Public Welfare Coordinated Services" within the Department of Vocational Rehabilitation.

Recommendation (Soon 4): Assign special counselors to local Welfare Departments in heavily populated areas, such as Richmond, Norfolk, and Alexandria.

Department of Health. Department of Vocational Rehabilitation and the Virginia Department of Health have entered into an agreement for the purpose of providing comprehensive vocational rehabilitation services to patients in State tuberculosis hospitals who are eligible for such services. The provision of services would be achieved through the establishment of rehabilitation facilities at the hospitals. Thus far, however, the facilities have not been established. At the present time, the only provision for direct services is through the special assignment of rehabilitation counselors, on a part-time basis, to the Catawba and Blue Ridge Hospitals.

The Department of Health is responsible for administering the Counseling and Referral Program for Armed Forces Medical Rejectees. In addition, other referrals are made to Department of Vocational Rehabilitation from Health Departments. Of all cases on hand as of July 1967, and all new cases coming into Department of Vocational Rehabilitation during fiscal year 1968, a total of 1,279 referrals were made by State and local health departments. This represented only 3.9 percent of total referrals during this period.

To qualify for military service, an enlistment applicant or potential draftee must satisfy certain minimum medical, mental, and moral standards. The qualities needed to be a successful soldier, sailor, or airman in our modern forces are much the same as the qualities needed in a broad range of civilian jobs. It is, therefore, the nature of the Armed Forces Qualification Test which makes failure to pass it a matter of concern to the community at large. The majority of those who fail these tests can reasonably be expected to lack many of the qualities needed to lead productive lives as civilians.

The medical examination is designed generally to select men who are fit for the demands of military service. The examination also is designed to identify those with medical conditions or defects which might be detrimental to the health of other individuals, cause excessive loss of time from duty, unusual restrictions on location of assignment, or become aggravated through performance of military duty.

A manpower conservation program to meet the needs of young men who fail to pass the physical or educational tests given to Selective Service registrants was initiated in February 1964. The Secretary of Labor, through the resources of the Employment Service, was made responsible for a program to help those failing to meet the educational achievement standards of the Armed Forces. Military medical rejectees were included under a program administered by the Department of Health, Education, and Welfare.

The President's Task Force on Manpower Conservation reported in 1964 that 75 percent of all persons rejected for failure to meet the medical and physical standards would probably benefit from treatment. Some of these conditions can be entirely corrected by proper medical treatment. A greater number of medical rejectees have a condition which requires, or at least would benefit from, medical treatment. This group includes such conditions as asthma, emphysema, cardiac disease and epilepsy. A still greater number need both medical and other health services. Amputees and the partially deaf fall within this group. An equally large group consists of those medical rejectees for whom regular medical services are not the answer. It includes the blind, those who are too tall or short to meet the standards of the Armed Forces. It includes those for whom medical treatment will not result in any significant improvement.

It is apparent that many medical rejectees who fall into any one of the above groups might profit from vocational rehabilitation services if they can be identified and the services offered to them.

Medical defects account for approximately 30 percent of the rejection rate for military draftees. Primary causes are diseases and defects of the bones and organs of movement, circulatory system diseases, overweight, and psychiatric disorders.

Congress has authorized a program to provide referral and counseling services to persons rejected by the Armed Forces for medical reasons. Known as the Counseling and Referral Program for Armed Forces Medical Rejectees, it is administered by the State Health Department.

The program operates from two Armed Forces Examining Stations located in Richmond and Roanoke. Two Health Department counselors and one secretary are stationed in Roanoke and one counselor and secretary in Richmond. One State supervisor and secretary are located in the Health Department Building.

Most medical rejectees are interviewed at the examining station and encouraged to seek or continue remedial treatment. Information obtained from the interview is forwarded to the local health department in the rejectee's home area. Follow-up activity is assigned to local health department personnel.

The objectives of the program are:

A. To operate a system of screening and evaluation of Armed Forces Examining Station medical records of men rejected for military service for medical reasons.

B. To counsel these young men concerning health service needs as indicated by their medical records.

C. To provide for their referral to health and rehabilitation resources for appropriate services.

D. To provide for necessary follow-up of each case.

About 85 percent of medical rejectees are interviewed. The remaining fifteen percent either depart on an early bus shortly after completing examination, do not follow the usual pattern of movement of examinees, or otherwise manage to miss the interviewers. An estimated breakdown of disposition of those interviewed is as follows:

A. Twenty-five percent will not require referral to a source for medical care.

B. Eighteen percent will already be under private care.

C. Nineteen percent will not respond to the program.

D. Thirty-eight percent will receive further counseling, referral and follow-up.

Approximately 45 percent of the rejectees have their records forwarded to local health departments. Others may have known about their conditions prior to their examinations and have been under treatment. Still others are classified as "excludables"—either too tall or too short, amputees, homosexuals, or some other defect.

Causes for medical rejection are many; but some of the most common ones are nutritional defects, primarily overweight, gastrointestinal defects, such as hernias; eye disorders; bone and related defects; circulatory problems; and ear disorders.

It is apparent that large numbers of military mental rejectees who might be able to use rehabilitation services are not referred to Department of Vocational Rehabilitation directly through a military rejectee program. Thus, for example, of the 2,123 cases closed at AFES, there could have been and probably were a significant number who were eligible for and who needed rehabilitation services, similarly, for those cases which did not receive care, some number could again have needed and been eligible for rehabilitation services. And, there is no way to determine the number of persons for whom follow-ups were not completed who could have used rehabilitation services.

The Virginia Employment Commission counselors are assigned to AFES in order to provide initial counseling for those who fail to satisfy the mental standards. In the first three months of fiscal year 1968, 701 persons were rejected for mental reasons. Of this number, 406 were given initial counseling at the AFES. Only four recorded referrals were made to Department of Vocational Rehabilitation during this period, it is clear that direct referral of military mental rejectees is minimal. As was the case for military medical rejectees, there is no accurate estimate of the number of military mental rejectees who need rehabilitation services, but it is evident that this is a population group which has a disproportionately high need for rehabilitation services. Yet the manner in which virtually all of these rejectees get referred is through an indirect referral process.

During the first eleven months of fiscal year 1968, Department of Vocational Rehabilitation counselors rehabilitated 365 military rejectees. Fifty cases were closed as not rehabilitated after services were provided. An additional 468 were closed without receiving services.

From the data supplied on military rejectees, it appears that approximately 7,000 persons are rejected for medical or mental reasons over a given twelve month period. If the figures reported by Department of Vocational Rehabilitation are projected over a twelve month period, approximately 13 percent of all rejectees are closed in any status during a twelve month period. This means that Department of Vocational Rehabilitation is coming into contact with only a small percentage of all rejectees.

There would perhaps be great merit in having one or more rehabilitation counselors working as a part of the project staff to assist in carrying out the functions of screening, counseling, and following up those rejectees having sufficient disability to merit consideration for rehabilitation services.

Recommendation (Interim 31): Involve Department of Vocational Rehabilitation, Virginia Employment Commission, and the Department of Health in a study of the current military rejectee referral process as it relates to vocational rehabilitation.

Virginia Employment Commission. This agency administers the MDTA, and it also has a formal agreement with Department of Vocational Rehabilitation providing for reciprocal referral services. Finally, the two agencies have entered into an agreement relating to the CAMPS program.

This plan covers all areas of Virginia and not, as is often assumed, merely the major cities. Analysis reveals that the emphasis is placed upon the rural areas and, more specifically, the Appalachian Redevelopment Areas of Southwest Virginia. More than 65 percent of all MDTA institutional programs are operating in the western half of the State.

Hard-core individuals are given every consideration in planning related programs. This is evidenced by the rather large number of basic education classes provided for these persons in an effort to bring them up to a trainable level. Trainees are accepted in a large number of projects at their educational achievement level, whatever this level might be.

Virginia is operating four Manpower training centers which encompasses 50 percent of all institutional trainees. In addition, there is one modified training center in the Norfolk metropolitan area. Of the four Manpower training centers mentioned above, one is located in a depressed rural area and serves twenty counties; one is operated in an industrialized area of the Appalachian; and two are located in a semi-rural area of the deep Appalachian, adjacent to West Virginia, eastern Kentucky, and Tennessee.

Manpower institutional classes are providing training for persons referred by Department of Vocational Rehabilitation in all cases in which the trainees have physical and mental capabilities for profiting by the training. Parolees from penal institutions, juvenile delinquent institutions, and wards of the juvenile courts are being enrolled in MDTA institutional training programs when referred by responsible officials. All Neighborhood Youth Corps referrals are accepted on the same basis as other referrals.

Instructors are not in plentiful supply, as everyone in the training business is in the market for more teachers. The MDTA institutional training plan may be one way of meeting the need.

With the awareness of the shortage of teachers, a plan which involves the relaxation of educational requirements for occupational instructors, providing that they are occupationally competent, has been set up. Instructors with two or more years of occupational experience beyond the apprentice level in the occupation which they are to teach can be given a special teaching license, provided that they are high school graduates, or the equivalent, and have a desire to teach. The assistance of business and industry is solicited in locating instructors.

At the present time, MDTA programs are using facilities for sixty projects and more facilities are available. Some projects are operating in leased buildings but new vocational buildings are under construction. Routinely, there are more facilities available in areas where the need is less, and fewer facilities available where the need is greater. Generally, however, the availability of facilities is no immediate problem. Lack of funds is the paramount consideration.

During fiscal year 1967, fifty-two Manpower training programs were planned, budgeted, and approved for training 1,852 individuals in Virginia. Training in twenty-five occupational areas was provided, and programs were operated in twenty-two school divisions. Length of the programs varied from eight to 104 weeks, depending upon the occupational area.

Programs starting during fiscal year 1967 and those continuing from fiscal year 1966 total 111 with an enrollment of 2,866. During fiscal year 1967, 1,359 trainees graduated from MDTA programs.

Although business and industry have stated some minimum educational requirements for employment, no one is denied training in some occupational program due to his educational level. All trainees are given an educational achievement level test during the first day orientation period. This is not to deny anyone the opportunity to learn an occupation but is used as an aid to the instructor, so that he will better understand the trainee and be better able to plan for working with the trainee on an individual basis. All trainees indicating an educational achievement level below that needed to learn a specific occupation will be provided the necessary job-oriented basic and remedial education needed to bring them up to a trainable level. This level must necessarily be premised upon the judgment of the instructor and counselor as well as past experience in training adults for specific occupations.

Despite the relevance of the MDTA Program to vocational rehabilitation, actual use of the program by Department of Vocational Rehabilitation clients has been minimal. The number of clients enrolled in MDTA programs in fiscal year 1967 was sixty among a total enrollment in MDTA programs of 1,852. Thus, Department of Vocational Rehabilitation clients accounted for only 3.2 percent of MDTA trainees. Through the first eleven months of fiscal year 1968, seventy-two Department of Vocational Rehabilitation clients were enrolled in MDTA programs out of a total projected enrollment of 1,511, and this represented 4.8 percent of total enrollment.

What is particularly striking is the differential use of MDTA programs by rehabilitation counselors. As noted above, sixty clients were enrolled in MDTA programs in fiscal year 1967, and seventy-two clients were enrolled in fiscal year 1968. Three counselors, however, accounted for almost one-fourth of these enrollees. During both years, three-fourths or more of all Department of Vocational Rehabilitation counselors had no enrollees in MDTA programs, and only 2 percent had as many as five enrollees. And, as the percentage of counselors having had clients rejected indicates, the lack of use is not a function of disproportionate rejections of clients.

What has occurred, then, is that a few counselors make substantial use of MDTA programs, while the overwhelming majority do not use the program at all. This occurs despite the fact that the types of job training provided under MDTA programs are similar to those provided by Department of Vocational Rehabilitation. And since Virginia Employment Commission, which administers the program, surveys job needs in a given geographical area before establishing particular training programs, job training under the MDTA programs would appear to be particularly beneficial. It is clear that MDTA programs can be used by Department of Vocational Rehabilitation clients, but the minimal use probably indicates that the great majority of counselors know very little about the programs.

Moreover, the potential savings to Department of Vocational Rehabilitation through increased use of MDTA programs are substantial. Costs for training and training materials and for maintenance and transportation averaged $157 per client in fiscal year 1967. Since MDTA programs absorb these costs, an average of only two enrollees per counselor would result in savings of over $130,000 in a twelve month period. And since the funds would be available for services to other clients, increased program expansion would be possible.

The problems associated with the MDTA programs are characteristic of other related programs, such as those under OEO and the local welfare departments.

In order for these programs to be effective, an agency program of information, direction, and coordination is necessary if rehabilitation counselors are to use them.

Recommendation (Immediate 3): Instruct Department of Vocational Rehabilitation counselors to use, to the maximum extent feasible, the client training and related services of other agencies. These include the Manpower Development and Training Act programs, and the various Office of Economic Opportunity programs, particularly the Job Corps, Neighborhood Youth Corps, and work experience programs.

The agreement between Department of Vocational Rehabilitation and Virginia Employment Commission also provides for reciprocal referrals and services between the two agencies. Thus, Virginia Employment Commission clients can be referred to Department of Vocational Rehabilitation for rehabilitation services, and Department of Vocational Rehabilitation clients can be referred to Virginia Employment Commission for testing services and placement.

As compared to total referrals received by Department of Vocational Rehabilitation referrals from Virginia Employment Commission are minimal. It is apparent, however, that Virginia Employment Commission counselors come into contact with a substantial number of clients who need rehabilitation services but do not refer many of these clients to Department of Vocational Rehabilitation.

As noted above, rehabilitation counselors can refer clients to Virginia Employment Commission for placement. According to Virginia Employment Commission counselors, however, the number of clients referred to them and the optimum number of referrals which Virginia Employment Commission counselors could handle are similar. Employment counselor estimates of optimum referrals are somewhat higher than actual referrals, but the differences here are small.

According to counselors in both agencies, the major barrier to a closer working relationship is that the counselors are unaware of how they could really help each other. The second most important factor was the belief that Virginia Employment Commission counselors would need special training in order to work with rehabilitation clients. The physical separation between the two agencies, the number of employment counselors available, and the reluctance of rehabilitation counselors to have outside persons handle their clients were viewed as less important problems.

As far as the majority of employment counselors are concerned, it would not be a good idea to have most of the placement for Department of Vocational Rehabilitation clients performed by Virginia Employment Commission. Only 2 percent of the Virginia Employment Commission counselors considered this to be a very good idea.

An assessment of the inter-agency relationship regarding reciprocal referrals and services, then, points up several problems. First, a larger number of Virginia Employment Commission clients need rehabilitation services than are being referred to Department of Vocational Rehabilitation. Second, referrals for placement are only slightly below employment counselor estimates of the optimum number of referrals which they could handle. Third, employment counselors consider it a relatively poor idea to have them assume a major portion of the placement functions currently performed by Department of Vocational Rehabilitation for rehabilitation clients. Fourth, counselors in both agencies consider the major problem in achieving a more effective working relationship to be a lack of understanding on their part of the manner in which they could help each other.

This last point is particularly important. The agencies appear to be differentially effective with respect to the placement of handicapped persons with given types of disabilities and also in placing handicapped persons in white-collar and blue-collar positions. This might indicate that inter-agency cooperation in the use of contacts and placement methods and operations could be extremely effective in maximizing the meaningful placement of handicapped persons. If this is to occur, however, counselors in both agencies must be made aware of the manner in which they can best cooperate and coordinate their efforts.

In its present form, the agreement provides that the two agencies will cooperate in any CAMPS program involving the two agencies. This envisions the types of cooperation and coordination noted above, and, when fully implemented, the system should be highly effective for coordinating related programs. Indeed, CAMPS is applicable to almost all of the related programs discussed in this report. It is clear that one of the major problems affecting related programs is lack of information on the part of field personnel. If the CAMPS program is implemented over the range of agencies with which Department of Vocational Rehabilitation is currently involved or could be involved in terms of related programs, it could provide the necessary coordination, cooperation, and reporting which are obviously lacking at the present time.

Recommendation (Immediate 17): Maximize cooperation in the use of placement contacts, methods, and operations between Department of Vocational Rehabilitation and Virginia Employment Commission.

Local School Systems. Through cooperative agreements with local school systems, five rehabilitation facilities are currently operating and two additional facilities have been established and are expected to be in full operation by September, 1968.

This collaboration between public education and the Department of Vocational Rehabilitation may be the most promising effort on behalf of handicapped youth. Local and State resources alone have not generally produced a pattern of services which permits a handicapped youngster to make a smooth transition from school to gainful employment. The problems incident to rehabilitating young handicapped people can be diminished greatly if these problems are anticipated and identified while they are in a school environment.

Cooperative educational-vocational rehabilitation programs for handicapped youth have been established in the following public school systems:

Fairfax County
Alexandria
Richmond
Albemarle County
Harrisonburg-Rockingham County
Roanoke County
Chesapeake

These cooperative agreements require each agency to examine its own unique capacity for providing services which will enable handicapped youth within the school systems to grasp a better opportunity for achieving eventual, suitable vocational adjustment. It is extremely difficult for either agency functioning alone to provide adequate resources to accomplish the tremendous task of integrating handicapped youth into normal society. By combining the resources and coordinating the efforts of each agency, services to disabled school youth will become much more effective.

Three basic criteria are involved regarding participation in the educational-vocational rehabilitation program. These are:

1. A disability must exist. This disability must be in the form of either a physical, mental, or emotional impairment with resulting limitations.

2. The limitations caused by the disability must impose a vocational handicap.

3. A reasonable expectancy must exist that as a result of VR services the youth will be able to enter gainful employment.

The disability groups served usually involve students who can be classified in the seven basic student types which are:

1. Mentally deficient. Mentally deficient refers generally to those students having an IQ of eighty or below.

2. Functional retardate. Functional retardation refers to those students who are performing well below their capabilities.

3. Behavioral problems. Behavioral problems refer to student behavior which seriously interferes with other people or that interferes with the full development of the youth himself.

4. Emotional disorders. Emotional disorders are concerned primarily with severe "anxiety" which may be directly felt or expressed or which may be unconsciously and automatically controlled by the utilization of psychological defense mechanisms, such as depression, conversion, displacement, etc.

5. Slow learners or underachievers. This term refers to those students who would usually be in the eighty-ninety IQ range.

6. Dropouts. This refers to students who terminate their school experience but who otherwise would be qualified under the basic criteria previously explained regarding eligibility.

7. Physically disabled.

The range of services which can be provided by vocational rehabilitation in the public school units to eligible individuals consists of the following elements:

1. Diagnostic and related services

2. Counseling

3. Training.

4. Books and training materials, including tools for training

5. Physical restoration services
6. Maintenance
7. Transportation
8. Business and occupational licenses
9. Tools, equipment, and initial stock
10. Job placement and follow-up services
11. Other goods and services necessary to determine rehabilitation potential or to render an individual fit to engage in a gainful occupation.

Recommendation (Interim 27): Where possible, develop additional school units (rehabilitation facilities) in cooperation with local school systems. Where feasible, encourage local school divisions to develop plans for facilities involving two or more school divisions on a regional basis.

Recommendation (Soon 12): Utilize the position of "Director of Cooperative School Programs."

Summary

Department of Vocational Rehabilitation's involvement in related programs is varied, ranging from the cooperative agreements involving facilities to the reciprocal referral and service arrangements. As might be expected, the unit operations are particularly important. These account for approximately one-third of the referrals received. Moreover, approximately 60 percent of the clients who receive rehabilitation facility services in Virginia are served by the school, mental, and correctional units. Despite the fact that local schools are the largest referral source, only seven school units have been established. Thus, an extremely important recipient population could be assured of direct rehabilitation services through an expansion of the school unit program throughout the State. While it may not be feasible for each individual school system to have a unit established, cooperative agreements between two or more local systems could provide a practical basis for Statewide expansion.

As far as other related programs are concerned, full effectiveness has generally not been achieved. In the case of various OEO programs, it is clear that only minimal use occurs among Department of Vocational Rehabilitation clients. And it is highly probable that the level of use is related to the lack of program information among rehabilitation counselors. Since many of the OEO programs could provide essential services to Department of Vocational Rehabilitation clients, client services could be expanded by increased use. If this is to occur, however, rehabilitation counselors will need to be informed about the services available and the procedures needed to obtain services. Further, records of referrals and client outcomes should be kept by the counselors in order to provide a basis for an accurate assessment of the individual OEO programs.

The military rejectee programs should be a major source of referrals. However, only about 13 percent of all rejectees are closed by Department of Vocational Rehabilitation in any status during a given twelve month period. Thus, approximately 6,000 rejectees are never seen by the agency. Since successful rehabilitations among military rejectees are proportionately higher than is the case for Department of Vocational Rehabilitation's total caseload, a more effective referral system is needed.

The use of MDT programs for rehabilitation clients is extremely low. During fiscal year 1967, Department of Vocational Rehabilitation clients accounted for only 3.2 percent of MDT program trainees. Given the differential use by counselors, it is probable that the level of use is related to counselor information about the MDT programs. Since the services provided under MDT programs are similar to a number of Department of Vocational Rehabilitation's vocational training programs, expanded use of this program could also allow a parallel expansion in services to other clients. If this is to occur, however, coordination, information, and record-keeping systems will have to be established in the same manner indicated for OEO programs.

A lack of information is also an apparent handicap to better cooperation between Virginia Employment Commission and Department of Vocational Rehabilitation. A greater number of Virginia Employment Commission clients need rehabilitation services than are presently being referred to Department of Vocational Rehabilitation. According to Virginia Employment Commission counselors, referrals for placement from Department of Vocational Rehabilitation are near optimum levels. One problem area, however, concerns placement contacts and techniques. Rehabilitation counselors and employment counselors appear to be differentially effective in placing persons with particular types of disabilities and also in placing disabled persons in blue-collar and white-collar positions. Inter-agency cooperation in the use of placement contacts and placement methods and operations might be extremely effective in maximizing the meaningful placement of handicapped persons.

Finally, referrals from public health departments and local welfare departments are relatively low. Since both of these agencies serve population groups who have disproportionate need for rehabilitation services, some better method of securing referrals from both agencies is needed. Part-time special assignments of counselors to the local agencies might be an effective means for securing these referrals.

It is clear that Department of Vocational Rehibilitation could be more effective if greater use were made of the services of other agencies and if related agencies would refer more clients to Department of Vocational Rehabilitation. One of the essential problems appears to be lack of information on the part of counselors about services which are available from other agencies, and a corollary lack of understanding on the part of other agencies of the types of services which Department of Vocational Rehabilitation can provide. Increased information, coordination, and accurate recording systems are needed if related programs are to become more effective. The CAMPS program could satisfy a substantial amount of these requirements, but if it is to be effected, program coordination within Department of Vocational Rehabilitation's central office is going to be necessary.

The vocational rehabilitation program could provide more services to a much larger clientele if related programs are brought into expanded use. If this is to occur, however, greater efforts will have to be made by Department of Vocational Rehabilitation and by the related agencies.

Recommendation (Immediate 20): Establish joint in-service training programs for Department of Vocational Rehabilitation counselors and related agencies' personnel—including welfare personnel, public health nurses, employment counselors, and others.

Recommendation (Soon 11): Create post of "Director of Related Programs."

EMPLOYMENT OF THE HANDICAPPED

If the vocational rehabilitation program is to provide maximum benefits both to the rehabilitated individual and the society, it is necessary that rehabilitated individuals be placed in meaningful jobs. It is at the job placement stage, moreover, that attitudes toward the handicapped assume critical importance. It is relatively easy for the general public and for employers to support vocational rehabilitation as an abstraction. It is less easy for persons to work alongside handicapped individuals or for employers to hire them.

Program Support by the Public

In the five Virginia communities in which surveys were conducted, public support for the proposition that handicapped persons should be helped in order to be able to work was extremely high. Moreover, this support was related to the assessment of the need to help the handicapped within each community. Thus, eighty-three percent of all respondents agreed not only that the handicapped should be helped but that helping them was an important problem within their respective communities.

Moreover, the reasons which respondents gave for supporting help for the handicapped were highly related to benefits for the handicapped and only minimally related to generally community benefits. Few respondents rationalized their support for helping the handicapped in terms of "the eventual decrease of the welfare program," "the need of employers for labor," or "the gradual lifting of the tax burden," rather, the emphases were upon such factors as "the handicapped need and deserve help," "the handicapped should be able to work," and "the handicapped could, if helped, lead better and more useful lives." What is apparent, then, is that support for helping the handicapped to work is primarily based upon the rationale that the personal benefits of the vocational rehabilitation program for the handicapped individual are paramount.

There was also wide public support for governmental involvement in training the handicapped. Three-fourths of the respondents in each community said that it was better for government or for government and private groups to train the handicapped than to have private groups alone conduct the program.

The Public's Knowledge of the Program

Despite the strong public support for the vocational rehabilitation program, a majority of the persons in the samples had never heard nor read about the Virginia vocational rehabilitation program. In only one community—Augusta County—had a majority of the respondents heard or read anything about the vocational rehabilitation program in the State.

Moreover, a large majority of the respondents did not know of a place within their respective communities where a handicapped person who needed vocational rehabilitation assistance could go for help. Again, the striking exception was Augusta County, where over three-fourths of the respondents had knowledge of where a handicapped person could go for help. It is clear that the Woodrow Wilson Rehabilitation Center is well recognized within the Augusta County area, and this provides at least some minimal knowledge of the vocational rehabilitation program for residents of Augusta County. In other areas there are neither rehabilitation facilities nor workshops, and public knowledge about the rehabilitation program is minimal.

Most respondents did not react negatively toward working alongside handicapped persons with physical disabilities. Over three-fourths of the persons in the sample did not object at all to working with persons having visual or hearing impairments, orthopedic or functional impairments, or amputations. In addition, 71 percent registered no objection at all to working with persons having speech impairments.

In relative terms, there was a reaction against persons with mental or emotional problems or with particular types of acute diseases. From 23 to 35 percent of the respondents objected somewhat or objected a great deal toward working with persons who had mental or emotional problems, who were mentally retarded, who had been alcoholics or addicted to drugs, or who suffered from epilepsy or other types of seizures, even though these persons had received rehabilitation treatment. It is important to note, however, that while there is a more negative reaction toward these types of disabilities as opposed to physical disabilities, a majority of the respondents registered no objection at all to working alongside persons with any of these disabilities.

It is apparent, therefore, that public attitudes toward the handicapped are highly positive in terms of employment. It is equally apparent, however, that the positive nature of these attitudes is at least partially dependent upon the type of disability which a person has. Given the rather primitive manner in which American society has approached mental illness and emotional problems, it is not surprising that there is some public reaction against working with people who suffer from these problems. What is encouraging, however, is that a majority of persons within the five communities are receptive toward working with the non-physically handicapped.

It is clear that latent support exists not only for the vocational rehabilitation program as an abstraction but also for the real aims and intent of the program. Further, public attitudes toward the handicapped do not constitute a barrier against the employment of the handicapped. It is equally apparent, however, that educating the public about the program is necessary. People simply do not know enough about vocational rehabilitation for it to assume high visibility, and this means that much of the support which has been noted will remain latent. It also means that reaction against particular types of disabilities will not be diminished quickly. Thus, one of the most important steps toward increasing the placement potential of the handicapped would be to educate the public about the rehabilitation program and to translate latent support into manifest support.

Recommendation (Immediate 4): Make concentrated efforts to inform the public about the State's rehabilitation program, and in order to educate the public about the problems of specific disability groups.

Employers' Attitudes

According to counselors in the Department of Vocational Rehabilitation and the Virginia Employment Commission the size of a given business affects the possibility of placing handicapped persons. The least promising businesses, in terms of size, are those with fewer than four employees. The most promising businesses are those within the range of 4-49 employees, while businesses with from 50-249 employees are viewed as somewhat less promising. Rehabilitation and employment counselors were in substantial agreement that very large (250 or more employees) and very small (fewer than 4 employees) businesses had only a minimal potential for handicapped placement. The potential of medium-sized businesses (4-49 and 50-249 employees), was viewed as relatively more promising.

In assessing the resistance within given types of businesses toward hiring the handicapped resistance within the construction and transportation industries was estimated to be higher than among other industries. Resistance within government and service businesses, however, was perceived as relatively low, while the manufacturing and wholesale and retail trades industries occupied the middle range.

Recommendation (Immediate 12): As part of their in-service training, inform rehabilitation counselors about the placement opportunities for handicapped persons with government agencies (State and Local) and with service industries. Further encourage rehabilitation counselors to place more clients with government agencies and service industries.

Counselors in both agencies said the greatest resistance within business organization toward the hiring of the handicapped is found among supervisors and foremen. There was agreement that the least resistance occurred among workers, a finding that corresponds to the public attitudes. It appears, therefore, that the attitudes of fellow workers are positive in terms of working with handicapped individuals. It is also clear, however, that there is substantial resistance at the management, personnel, and supervisory levels.

Recommendation (Immediate 13): Department of Vocational Rehabilitation and Commission for the Visually Handicapped should, through mobilization of public support and specific educational and informational programs, minimize employers' resistance toward the handicapped. Efforts should be made to encourage positive attitudes and support among management. Further, particular attention should be given to personnel directors, clerks, supervisors and foremen in an effort to decrease resistance in hiring practices. (Programs designed to reach the supervisors and foremen should utilize the cooperation of unions.)

Age Groups

According to counselor estimates, placement is easiest for persons between the ages of eighteen and thirty-five. Most important, however, counselors agreed that placement prospects were relatively poor for persons over thirty-six years of age.

Recommendation (Immediate 14): Instruct rehabilitation counselors to make special efforts to increase placement opportunities for disabled persons thirty-six years of age or older.

According to rehabilitation and employer counselor assessments, employer resistance toward hiring the handicapped is the result of several factors. Counselors in both agencies estimated that the most important factors were the increased Workmen's Compensation and other statutory benefits and the lack of versatility of handicapped workers.

In general, counselors in both agencies believed that a lack of employer understanding of the effectiveness of proper "matching" was more important than basic resistance on the part of employers in mitigating against the employment of the handicapped. A majority of counselors, however, estimated that the combination of both factors—resistance and lack of understanding—provided the basic difficulty in attempting to place handicapped workers.

Recommendation (Immediate 16): Inform employers about the effectiveness of proper "matching" (placement of handicapped in jobs for which they are trained and able to perform).

It appears that specific problems—such as workmen's compensation costs and employer attitudes about the versatility and needs of handicapped workers—are barriers toward employing the handicapped. Nevertheless, a more general problem is the lack of information which employers have about the vocational rehabilitation program and the "matching" process for handicapped workers.

An overwhelming majority of rehabilitation and employment counselors stated that employers were not able to understand or to accept or reject on its merits the vocational rehabilitation program of Virginia's rehabilitation agencies because of the lack of publicity which these programs received.

The importance of this information "gap" is similarly evident in the counselor estimates of the effectiveness of various proposals for lowering employer resistance toward the handicapped. Ninety-one percent of the employment counselors and 87 percent of the rehabilitation counselors agreed that increased publicity for the placement programs of Virginia's rehabilitation agencies would be effective in lowering employer resistance. While other proposals were viewed as potentially less effective, there was agreement that such steps as the establishment of a second injury fund, tax incentives for hiring the handicapped, and educational programs could reduce employer resistance toward the handicapped.

It is striking that increased publicity was viewed as potentially more effective than tax incentives for enhancing placement possibilities for the handicapped. It appears that employers as well as the general public are not well informed about the rehabilitation program, and this lack of information at both levels may constitute a severe impediment to the effectiveness of the rehabilitation program.

If, however, employers are to be "educated" about the program, an important aspect of this educational process should be related to the experience which other employers have had with handicapped workers. According to the counselors, employers who have hired the handicapped are quite positive in their attitudes toward handicapped workers. A majority of counselors in both agencies were in agreement that employers who had hired the handicapped felt that handicapped workers were better than "normal" workers, had better attendance records, were less accident prone, and were highly motivated. Thus, the experience of those who have hired the handicapped could be quite effective in persuading other employers of the benefits of hiring the handicapped.

Recommendation (Immediate 15): Encourage all businesses to eliminate architectural barriers in order to facilitate the employment of the handicapped.

Recommendation (Soon 8): Rehabilitation agencies should contract with individual employers to provide work experience and on-the-job training for groups of handicapped persons.

Recommendation (Immediate 8): Educate employers throughout the State about the positive benefits of employing the handicapped.

Recommendation (Interim 11): The State should adopt an effective second-injury fund law. This law should conform to the coverage outlined in the council of State governments "suggested legislation for broad type coverage second—or subsequent-injury funds."

Recommendation (Interim 26): Offer State tax incentives during the training period of businesses willing to train and to hire handicapped persons in meaningful positions.

Recommendation (Immediate 11): Instruct rehabilitation counselors to make greater efforts in minimizing union resistance toward the placement of handicapped workers.

ADMINISTRATION OF VOCATIONAL REHABILITATION PROGRAMS

Personnel Recruitment

One of the major concerns in vocational rehabilitation programs is the shortage of well trained personnel. While there are many areas of activity and concern in closing the rehabilitation manpower gap, it is generally agreed that some of the most important areas focus on problems of recruiting people into the field and retaining them once they have entered rehabilitation work.

The vocational rehabilitation counselors and supervisors in Virginia tend to be male, white, and relatively young. In formal education they are above the national average, and they have attended colleges and universities in Virginia and other Southern states mainly. They are drawn in large numbers from white collar backgrounds.

Given the relatively large numbers of underprivileged persons who need vocational rehabilitation services, not enough attention has been given to recruiting members of underprivileged groups to the profession. The ability to deal with individuals in various class and caste strata are important to successful counseling. One way to assure relatively greater success in seeking and rehabilitating clients from diverse backgrounds of Virginia's society would be to recruit members of underprivileged groups into vocational rehabilitation counseling.

Also, it may be necessary to recruit more personnel from other states, an emphasis which seems to have developed recently in Virginia. Similarly, the recent willingness to employ women as counselors will help in recruiting vocational rehabilitation personnel.

As is evident in the counselors' and supervisors' replies to a question about where they first heard about vocational rehabilitation counseling as a career, the profession is not well known. Efforts to dramatize the profession and get it recognized would help. Not only is wider dissemination of information about the possibilities vocational rehabilitation counseling offers as a career necessary, but greater emphasis should be given to its possibilities as a career of service to individuals and society. After all, the testimony of the counselors and supervisors in this study shows clearly that significant numbers of them decided on counseling as a career because they were made aware of the personal satisfaction which the career offered at a moment when they were interested in a career change. The largest number found out about the career while working or studying in a related program. If the profession were more widely known and recognized this recruitment avenue could be exploited increasingly.

One of the recruitment problems which must be overcome is the profession's image—both to its own people and to the outside world. Rehabilitation personnel think the public rates teaching, nursing, and other related professional occupations above vocational rehabilitation counseling in prestige and this is a serious deterrent to recruitment.

Current vocational rehabilitation personnel say some of the working conditions are unattractive. Several of these are in the process of improvement and are likely to be less of a problem soon. Also, they say that not enough facilities exist to train rehabilitation personnel.

Recommendation (Interim 29): Create the post of "Director of Recruitment."

Recommendation (Interim 32): Establish a speakers' program for high schools to inform students of opportunities in vocational rehabilitation counseling and to advise them about preparing for such a career.

Recommendation (Soon 15): Develop college training programs, at both the undergraduate and graduate level, designed to produce vocational rehabilitation personnel needed in the future.

Recommendation (Long Range 10): There should be further study of training programs and vocational rehabilitation curricula to facilitate development of adequate programs at colleges and universities in Virginia.

Recommendation (Interim 35): Establish a scholarship aid program for college students (undergraduate) who agree to pursue a career in vocational rehabilitation work for at least the length of time of their scholarships (students who accept scholarships funding and do not enter the profession or do not remain in the profession at least the time of their scholarship would be required to compensate the agency to the extent of the unfilled term).

Recommendation (Long Range 11): Expand college scholarship aid program (undergraduate) to provide for increasing costs and increasing need for vocational rehabilitation personnel.

Over one-half of the positions previously held by vocational rehabilitation personnel were of a professional type. Experience in previous professional positions was particularly prevalent among the unit counselors; almost three-fourths of the positions which they had held previously were professional.

However, it should be noted that a very large proportion of the professional positions were concentrated in the two areas of public school-related and social and welfare occupations.

Recommendation (Interim 34): Stress the possibility of recruiting from more diverse backgrounds—in terms of training and pre-service occupations.

Personnel Retention

Both rates of turn-over and perceptions of the problem demonstrate that retention of vocational rehabilitation personnel is a problem in Virginia and elsewhere. The public vocational rehabilitation counselors and supervisors in Virginia believe the major reasons for personnel loss relate to the greater attractiveness of other professions, particularly in relation to salary differentials.

The data in this report indicate a relatively greater satisfaction with salaries among personnel at the beginning levels but considerable dissatisfaction with salaries at the supervisory level. The majority of the area supervisors are dissatisfied with the salary scale. This probably encourages counselors, who are satisfied at the moment, to look elsewhere for employment because they can see that the future is less bright in terms of salary.

The Commission for the Visually Handicapped personnel are unhappy about the promotion process in that agency. This differs from the Department of Vocational Rehabilitation, where little dissatisfaction about the promotion process is evident.

Department of Vocational Rehabilitation counselors want more communication with the Richmond office. The school units' personnel particularly feel somewhat isolated. Perhaps this is to be expected in a beginning program.

Although they do not perceive the public as rating them at the top of the health-vocational-therapist professions, the vocational rehabilitation personnel are highly professionally oriented. Many of them express an interest in wider recognition for the quality of work they perform.

Major efforts for improvement in the retention of vocational rehabilitation personnel in Virginia probably needs to be directed toward adjustments in salary scales, adjustments in promotion processes, reduced emphasis on production quotas, recognition for work performed, increased public recognition, and increased communication with the agencies' central offices.

Recommendation (Interim 43): Adjust supervisors' salary scales upward.

Recommendation (Interim 14): Continue to maintain at least the regional average salary for all vocational rehabilitation personnel.

Recommendation (Interim 42): Adjust promotion process for counselors by creating counselor "D" category for senior counselors.

Recommendation (Interim 33): Increasingly emphasize the importance of establishing and maintaining "proper balance" *between* quality of the counselor's work and the number of "closures" realized.

Personnel Training

Most of Virginia's vocational rehabilitation workers have taken courses and participated in in-service training programs, and most of the counselors have attended conferences or seminars. Furthermore, a large majority of those taking part in each of these types of training activity reported that they have found this training to be useful. The State agency and the supervisors encourage participation in such training programs.

However, it should be noted that there is obviously room for improvement as far as in-service training in Virginia is concerned. For example, many workers said that they have not taken part in many of the training programs, courses, or conferences. Furthermore, many of those who have taken part argued that there should be more time for participation in these programs. Also, changes in and additions to the existing programs were suggested to make them more practical.

Recommendation (Immediate 24): Upgrade the current Department of Vocational Rehabilitation position of Training Supervisor to Director of Training and develop a more comprehensive training program.

Recommendation (Interim 40): Define specific times for counselors and supervisors to participate in in-service training programs.

Recommendation (Interim 36): Further study of training programs and vocational rehabilitation curricula is needed to facilitate development of adequate programs at colleges and universities in Virginia.

Recommendation (Interim 39): Develop an in-service which emphasizes more practical training (knowledge).

Recommendation (Interim 37): Give special emphasis to developing in-service training programs for agency supervisors.

Recommendation (Interim 41): Provide professional personnel (counselors, supervisors, etc.) more time for professional development.

Recommendation (Interim 44): Recruit and train supervisors from outside the program or from counselors showing a marked aptitude for executive positions.

Recommendation (Long Range 12): Expand recruitment and training of supervisors through in-service programs for executives sponsored by Department of Vocational Rehabilitation.

There has been some controversy about the desirability of training rehabilitation personnel to be specialists. Virginia's rehabilitation personnel favor such specialization. A majority of the personnel interviewed said that specialization is a good idea.

It should be emphasized that time for professional development in one's specialty is an important factor in the recruitment and retention of counselors. Nevertheless, a small amount of time is now devoted to this activity. Counselors report that it ranks eighth among eleven activities (Paperwork is first; interviewing referrals is second; office counseling is third; traveling is fourth; case finding is fifth; placement is sixth; home counseling is seventh). Training of counselor aides is needed to utilize the professional's time more efficiently in helping clients and in developing professionally.

Recommendation (Interim 38): Consider increased counselor specialization as program grows.

Recommendation (Interim 6): Establish the position category of "counselor aide."

Recommendation (Interim 7): Employ and train counselor aides to: (1) reduce the amount of paper work for the counselor, (2) assume some of the preliminary counseling work (i.e., that not of a professional nature but beyond that associated with the duties of clerk-stenographer).

Recommendation (Long Range 4): Increase the number of counselor aides.

Recommendation (Immediate 25): Develop a master plan for the training of Department of Vocational Rehabilitation personnel.

Agency Reorganization

Commission for the Visually Handicapped. As the program of the Virginia Commission for the Visually Handicapped gradually has grown the organization has not developed accordingly. During the period of this study, the agency was developing plans for significant reorganization. Clearly this is needed and it must be on a continuing basis to facilitate the most functional arrangement for its personnel.

Recommendation (Immediate 21): Implement agency reorganization for Commission for the Visually Handicapped.

Recommendation (Interim 23): Establish the position of "district supervisor" to coordinate services for the blind and visually handicapped.

Recommendation (Interim 24): Establish new district (area) office for Commission for the Visually Handicapped at the most advantageous location in the three Department of Vocational Rehabilitation areas not currently represented.

Department of Vocational Rehabilitation. Currently, the duties attached to several positions are unclear. A job classification and specification study will be necessary to correct this problem. During the study for developing the Statewide comprehensive plan it became evident that more time and elaboration was necessary before enough evidence for adequate position analysis would be developed.

Recommendation (Soon 16): Apply for a grant to finance a study of Department of Vocational Rehabilitation intra-agency position analysis and specification: objectives of this study being: (1) to specify level and type of training for each position, (2) to develop additional "steps" in promotion process (to take into account: training, experience, and agency needs).

Several new positions also will have to be created or significantly restructured in order to administer new programs recommended in the comprehensive plan.

Recommendation (Immediate 23): Create the post of "director of community rehabilitation facilities."

Recommendation (Interim 22): Create seven posts of "Area Coordinator of Rehabilitation Facilities," one for each of the seven Department of Vocational Rehabilitation administrative areas of the State.

Recommendation (Interim 28): Create post of "director of related programs."

General

Several recommendations seem obvious and relate to the administration of the vocational rehabilitation programs generally. Testimony of physicians, professional vocational rehabilitation personnel, clients, and the public support these recommendations.

Recommendation (Immediate 7): Develop a clinic situation where counselor, client, and physician can cooperate more closely and shorten the period of time between the physician's initial contact with a vocational rehabilitation client and his serving the client.

Recommendation (Immediate 28): Simplify eligibility requirements and approval procedure by the counselor for carrying out of treatment for clients.

Special Planning: Architectural Barriers

Architectural barriers result from construction of buildings in such a manner, including provisions for parking, as to effectively prohibit their use by many of the more seriously handicapped individuals who might otherwise have occasion to use them, as employees, customers, or clients of the employing units occupying said buildings.

Thirty-two states have enacted legislation establishing standards in their respective building codes, whereby provision is made for ramps, elevators, and doorways which will accommodate a normal-width wheelchair, toilet facilities designed for use by handicapped persons, etc. Legislation is pending in fourteen states; Executive Orders of Governors relating to the elimination of such barriers are in effect in three states, while joint resolutions of the legislative houses supportive of such elimination have passed in three states, including the 1966 session of the Virginia General Assembly.

The cost is negligible in relation to the overall project cost if the plans and specifications of new buildings have such features incorporated in them. Buildings already constructed present quite another problem. But some states have enacted and others are considering the enactment of, legislation designed to force renovation in existing public buildings to meet standards designed to enable physically handicapped persons to use them.

Legislation is needed which will require that:

1. Plans for new buildings to be used by the public provide accommodations for the handicapped (including the blind and deaf),

2. Plans to renovate already existing public buildings include all feasible provisions for use by and safety of the handicapped, and

3. Minimum standards for use by and safety of the handicapped *must* be met by all public buildings —even if renovation is required.

Recommendation (Action 8): Seek legislation to:

(1) Require plans for new public buildings to include accommodations for the handicapped

(2) Require renovation of existing public build-

ings to include all feasible provisions for the use by and safety of the handicapped, and,

(3) Require minimum standards in all public buildings—even if renovation is required—to allow for use by handicapped.

Special Planning: Workmen's Compensation and the Industrial Commission

Given the nature of hiring practices in most firms, the development of receptive employer attitudes toward the hiring of disabled workers requires the establishment of "educational" programs which are designed to promote greater understanding and awareness of the necessity for equality of opportunity on the part of employers. It also requires the determination of specific legislation which will facilitate "open" hiring practices. In terms of the latter, one of the reasons often given by employers for not hiring persons with physical disabilities is the possible increase in workmen's compensation insurance costs which might result.

As one step toward the alleviation of employer reluctance in hiring handicapped persons, all but four states (Nevada, Georgia, Louisiana, and Virginia) have provided legislation which sets up a subsequent or second injury fund. This type of fund operates to minimize any increase in workmen's compensation insurance for those employers who do hire persons with physical disabilities.

The second injury fund is a special fund set up within the workmen's compensation system to ensure that a handicapped worker who suffers a subsequent injury on the job will receive full compensation to cover the resultant disability, at the same time ensuring that the employer need pay only the benefits that are due for the subsequent injury. In effect the fund pays the difference between what the worker receives from his last employer (that is, the employer under whom he suffers the subsequent disability) and what he is entitled to receive for his resulting condition which is caused by the combined injuries.

The role of the second injury fund, then, is twofold. First, it encourages the employment of the handicapped by limiting the liability of the employer to the second or subsequent injury suffered by an employee with a prior disability. Second, the second injury fund fully protects the employee, since the fund pays the difference between what the employee receives from the employer and what the employee would have received if he had not had a prior disability.

While the purpose of the second injury fund is clear, its effects have varied from state to state. In terms of effectiveness, there are a number of critical variables which must be recognized in second injury fund legislation and application. Among the most important, if not the most important, of these relates to coverage. Laws in many states are so restrictive in coverage as to render the second injury fund virtually useless.

It is clear that there should be no restriction as to either type (such as heart disease, epilepsy, back injury, or occupational disease) or cause (such as accident, disease congenital origin, or military action) of previous permanent disability.

In terms of coverage, then, the second injury fund must be able to provide protection for a broad range of disabilities, both prior and subsequent.

It is equally clear, however, that operation of the fund should be limited to prior disabilities which are fairly significant. There must be some definition of the extent of prior disability necessary before the employer's responsibility is shifted to the fund. In the states with narrow coverage (that is, states where the second injury fund applies to prior disabilities such as amputations or sight losses), the problem of extent of disability does not arise, since those injuries which are covered are by their very nature serious or significant disabilities. In the case of states with broad coverage, however, problems have arisen when there was no legislative recognition of "extent of disability" as a qualification for second injury fund coverage. New York, which has broad coverage provisions relating to type and cause of prior disability, has approached the extent of disability problem in the following manner:

In order to qualify for special disability fund benefits, the following requirements must be met:

First, the current occupational injury or disease must result in some degree of permanent disability requiring payment of compensation in excess of 104 weeks.

Second, the following questions must be answered affirmatively; (1) Did the employee have a permanent physical impairment prior to the current permanent occupational injury or disease? (2) If so, did the employer have knowledge of the permanent impairment before the current injury or disease? (3) If so, was such permanent physical impairment an obstacle to employment to the extent that (a) it limited the types of employment open to the employee and/or (b) it necessitated job placement and/or work performance standards which took into consideration the impairment.

Third, the aggregate permanent disability resulting from the accident and the pre-existing disability must be substantially greater than that which would have resulted from the current injury or disease alone.

Fourth, if death results, it must be shown that there was an association between the permanent physical impairment and the injury and death—a permanent physical impairment of a kind without which the injury or death would not have occurred. The burden of proof in all such cases is upon the employer or the insurance carrier.

(Permanent physical impairment is defined by law to mean "any permanent condition due to a previous accident or disease, or any congential condition, which is or is likely to be a hindrance or obstacle to employment.")

Legislative requirements dealing with extent of disability are necessary if unwarranted claims against a second injury fund are to be prevented.

There are essentially four sound bases for financing the second injury fund. First, there is the annual assessment against employers and/or insurers. Second, there are State appropriations. Third, there is the allocation from the State workmen's compensation insurance fund (this can obviously only be used in states with exclusive state insurance funds). Fourth, there is the New York plan which operates through prorating annual assessments against insurers on the basis of actual expenditures.

In a meeting of the Governor's Study Commission on Vocational Rehabilitation held on December 19, 1967, the following recommendations were formulated and adopted by the Commission:

1. That the VALC currently studying the whole realm of Workmen's Compensation in Virginia be asked to include in their study the advisability of establishing a "Second Injury Fund" under the Workmen's Compensation Laws; and, that it is the sense of this Commission that the establishment of a workable "Second Injury Fund" is desirable.

2. That this Commission maintain close liaison with the Virginia Chapter of the American Institute of Architects (AIA) who is currently studying the specifications of the American Standards Association (ASA) to determine the cost and feasibility of incorporating the specifications, or some modifications of the ASA, into future public buildings in Virginia; and that this Commission maintain close liaison with the Division of Engineering and Buildings in seeking counsel and guidance in proposing legislation containing provisions requiring that future public buildings in Virginia be free from architectural barriers and accessible to handicapped persons.

3. That a vocational rehabilitation counselor and secretary be employed and stationed in an office of the Industrial Commission for the purpose of screening all industrial accidents for potential rehabilitation services and that the Industrial Commission reimburse the Department of Vocational Rehabilitation for these services.

4. That the Department of Vocational Rehabilitation maintain an accurate record of expenditures incurred in the rehabilitation of each client referred to the Department from the Industrial Commission files and that the Department be reimbursed for such expenditures from funds of the Industrial Commission. This reimbursement would be in lieu of the $20,000 that is now annually transferred from funds of the Industrial Commission to the Department.

5. That the $1,000 restriction on the expenditure of an initial prosthetic device be removed and that the law be amended to permit the Industrial Commission to authorize the expenditure of funds necessary to give training in the proper use of prosthetic devices; and, that the Industrial Commission be authorized to award funds to purchase prosthetic devices in addition to the initial prosthetic device; and, that the period during which an injured worker may receive medical services which are accident-connected be extended to a more realistic length of time.

The final action on these recommendations by the 1968 Virginia General Assembly was to delete the $20,000 which the Industrial Commission has been required to pay annually, after fiscal year 1969.

Recommendation (Action 3): Legislation, within the framework of the Virginia Workmen's Compensation Act, to create a second-injury fund to be financed by appropriate increases in contributions should be passed and Vocational Rehabilitation should be included for medical expenses in appropriate cases.

Recommendation (Action 10): Require the State Industrial Commission to reimburse Department of Vocational Rehabilitation for expenses incurred in the rehabilitation of clients referred from the Industrial Commission.

*Recommendatio*n (Action 6): Remove the $1,000 restriction on expenditures for an initial prosthetic device in order to permit the Industrial Commission to authorize the expenditure of funds as necessary to provide training in the use of prosthetic devices.

Recommendation (Action 4): Extend the period of time during which an injured worker may receive medical services which are accident-connected.

However, the Virginia Advisory Legislative Council has anticipated the next recommendation by initiating a study of the situation.

Recommendation (Action 2): Request the Virginia Advisory Legislative Council to study the advisability of establishing a "Second-Injury Fund" under the Workmen's Compensation Law.

The Department of Vocational Rehabilitation has implemented the following recommendation relating to this general problem.

Recommendation (Action 11): Station one Department of Vocational Rehabilitation counselor and one secretary at the Industrial Commission office to screen all industrial accident victims for potential rehabilitation services. Salaries of these personnel should be reimbursed by the Industrial Commission.

FOLLOW-UP

Introduction

Planning involves a process and must be continual and self-correcting. No single shot planning effort—not even Statewide comprehensive planning—will be fruitful unless it provides for implementation and follow-up evaluation as part of the total plan. No matter how great the public supports vocational rehabilitation in the State, this support cannot be translated directly into public policy to provide effective programs. Statewide and community leadership for the vocational rehabilitation programs must be created to translate public support into public policy and to build continuing support. The vocational rehabilitation programs cannot help clients unless continuing and strenuous efforts are made to disseminate information about the programs at the grassroots in the local communities throughout the State.

Information and Attitudes

Surveys of public attitudes in five diverse Virginia communities were part of the studies conducted for Statewide comprehensive planning.[1] A substantial majority in every community regarded rehabilitation of the handicapped as an important problem. The respondents in Wise County, a severely disadvantaged Appalachian community, expressed nearly unanimous agreement on the point.

When asked whether they knew anyone who was handicapped, there was little differentiation among the five communities. A very different distribution of responses became apparent when respondents were asked whether they knew of a place in their communities where a handicapped person who needed vocational rehabilitation treatment could go for help. In the public's view, the disparity in the availability and accessibility of vocational rehabilitation facilities between Augusta and Wise County is striking. In Augusta County (location of the Woodrow Wilson Rehabilitation Center) three out of four respondents could name a local source of vocational rehabilitation treatment, compared to only one in eight of the Wise County respondents. Moreover, public knowledge of local vocational rehabilitation facilities in the three cities was more similar to the Wise County lower extreme than to the high level of awareness evident in Augusta.

Further questioning aimed at learning to what extent our respondents were personally aware of people receiving vocational rehabilitation services yielded particularly interesting results. A very small proportion of the respondents said that members of their families had received vocational rehabilitation services either in Virginia or in another state. Again the Augusta County respondents differed dramatically from those in communities having less visible and accessible vocational rehabilitation facilities.

The relative importance of the three principal sources of information—friends or relatives, radio or television, and newspapers—varied among the communities. On the whole, newspapers appeared to be somewhat more important than radio or television, with personal sources only slightly behind. Alexandria and Augusta again were exceptional. Respondents in Alexandria reported radio and television to be much less important than did respondents in the other communities. Those in Augusta County rated friends and relatives relatively higher as an important information source.

Also the respondents were asked if they felt "that people who work in the vocational rehabilitation program in Virginia should do more to let the public know about their work"? An overwhelming majority in each community felt more should be done to inform the public about the program. *Apparently the public supports the program and feels it should know more about the vocational rehabilitation programs.*

Attitudes Toward Governmental Involvement

To better understand the general orientation which the public thinks appropriate for the vocational rehabilitation program, the respondents were asked whether the program's basic function of "helping handicapped people to perform a new job" is essentially an educational program, or a welfare program. We found substantial majority support (ranging from 70 percent in Petersburg to 85 percent in Wise County) for the view that the vocational rehabilitation program is educational in nature. In fact more respondents in Petersburg and Augusta thought vocational rehabilitation was both a welfare and educational program than thought it was an exclusively welfare program. Given the strong traditional role of the public sector in the field of education, the conclusion that the apparent public perception of vocational rehabilitation as an educational program is another bit of persuasive evidence indicating public support for active governmental participation in vocational rehabilitation.

More explicit evidence to that effect was found when respondents were asked whether it was a good idea for government to help train handicapped people so they could perform new jobs. The respondents were in near unanimous agreement that governmental aid in training the handicapped is desirable.

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[1] The survey's were conducted in Alexandria, Norfolk, Petersburg, Augusta County, and Wise County.

Turning to the question of which level of government the public feels should implement a vocational rehabilitation program, respondents were asked "If a State has a vocational rehabilitation program . . . do you think that it makes any difference whether the State or the Federal government provides most of the money for that program?" No decisive majority in support of either view is apparent in any of the communities, although Petersburg and Alexandria respondents were more likely to feel that the source of funding would make a difference. A plurality of respondents were *not* opposed to the use of Federal funds in Augusta County and Petersburg, and a strong majority were *not* opposed in Norfolk, Alexandria, and Wise County. Opposition to Federal funding was most evident in Petersburg and Alexandria.

These findings yield a very different picture of Virginia public attitudes than many have believed. Rather than a consensus of public opposition to an expanded role for government in general (and the Federal government in particular) there exists a broad public support for a more active and effective utilization of public sector resources in training handicapped persons. The public is aware of the problem and regards the government as the appropriate instrumentality to cope with it. Although fewer than half of the respondents knew specifically about Department of Vocational Rehabilitation, and even fewer about local vocational rehabilitation facilities, nevertheless the public supports the view that it must be educated and informed about vocational rehabilitation work and services, and, by implication, about what people in general can do to aid in the rehabilitation process.

Like the public, the professional vocational rehabilitation personnel, as well as the clients of vocational rehabilitation in the State have definite evaluations and expectations of the programs. The vocational rehabilitation professional personnel of both the Virginia Department of Vocational Rehabilitation and the Virginia Commission for the Visually Handicapped believe the best program is one which is client oriented and which is capable of providing adequate services for its clients. Both groups feel the Virginia program is improving rapidly, and the rate is quite high for the future.

Unfortunately, neither group articulate any understanding of the difficulty of building the public support necessary to provide adequate current or future finances. When one compares the vocational rehabilitation personnel's replies to that of the general public in the five communities relative to this information problem, it is clear that *the professional personnel underestimate the problems inherent in creating public support for the vocational rehabilitation program.* However, it is clear that the best advertisement for the program is satisfied clients whom the community at large recognizes as such. Perhaps, as rehabilitation facilities are built in several areas of the State a multiplier effect will occur because of the increased visibility of the program. This will produce additional support for the job ahead.

This interpretation is encouraged by the clients' general satisfaction with their treatment at the hands of the vocational rehabilitation personnel and with the services they received. Often potential clients had difficulty in finding out about the vocational rehabilitation programs, but once they found out, they had relatively little difficulty in establishing contact with the Department of Vocational Rehabilitation and in being considered for services.

One evaluation pointed out an inadequate part of the program that deserves special attention because it emphasizes a difficulty in all the vocational rehabilitation and related programs. Many of the clients whose cases were closed from referral and who, consequently, received no services from the Department of Vocational Rehabilitation, said they were not given advice about other possible sources of service. This illustrates a fact which has been clearly demonstrated in several related programs. *The referral systems do not function efficiently either from the standpoint of the agencies or from the standpoint of the client.*

The clients' evaluations also emphasized several additional points of the program which probably could be improved. Apparently the Department of Vocational Rehabilitation maintains fairly frequent post-rehabilitation communication with only a few of the rehabilitants. Clients were often not very satisfied with the job placement services they had received. Proper follow-up might alleviate some of these problem cases among the "rehabilitated." Many clients felt it took too long to get services. Also, large numbers of clients thought the program was inadequately financed. One very positive evaluation by clients which should be emphasized was their very favorable views of the courtesy and capability of counselors.

A Governor's Advisory Committee

The strong permissive support for the programs on the part of the general public, and the positive images which professions in the field and their clients have of the programs point toward the necessity of providing a continuing nucleus around which support for the Vocational Rehabilitation program can be rallied. One way to meet this need is to create an advisory committee organized on a Statewide and regional (within the State) basis. Such an on-going group could encourage the necessary additional studies of selected aspects of the program, rally grassroots public support, provide the public with information about the programs, and encourage the State's legislators to support the program. Most importantly, it would work to implement the proposals of this Statewide plan by 1975.

Such an advisory committee could be composed of a gubernatorial appointee from each of the seven planning areas in the State plus the Director of the Commission for the Visually Handicapped and Commissioner of the Department of Vocational Rehabilitation. A regular staff would be necessary to facilitate its work. Regional task forces in each of the seven planning areas would be composed of the member of the Statewide Advisory Committee (who would serve as chairman of his regional task force), six gubernatorial appointees from the area and the district supervisors of the two public Vocational Rehabilitation offices.

Of course, two more specialized sectors of the public—potential clients and physicians—who are *or should be,* intimately involved in Vocational Rehabilitation's programs need special attention.

Recommendation (Soon 1): Create a Governor's Advisory Committee on Vocational Rehabilitation with regional task forces and with budgeted staff.

Recommendation (Immediate 6): Develop a public information program to advise potential clients and physicians of the State's Vocational Rehabilitation program.

Continuing Intra-Agency Program Evaluation

For effective planning in the future, the Department of Vocational Rehabilitation needs to upgrade its intra-agency data analysis and self-evaluation programs. In order to provide adequate direction for this, the Department of Vocational Rehabilitation needs to upgrade the position of Director of Research and to provide a better data processing program.

Recommendation (Interim 30): Consider upgrading and activating the Department of Vocational Rehabilitation's research position ("Director of Research").

Recommendation (Interim 45): Introduce a fully computerized record-keeping system in the Department of Vocational Rehabilitation.

THE PLANNING ORGANIZATION
FOR
STATEWIDE COMPREHENSIVE PLANNING
IN VIRGINIA

Establishment of the Statewide Planning Program

The Virginia Board of Vocational Rehabilitation, on assuming its responsibilities on July 1, 1964, recognized the necessity for an immediate study of the vocational rehabilitation needs and opportunities of the disabled in Virginia. In August, 1964, the Board employed Harbridge House, Inc., Boston, Massachusetts, to conduct a study and to recommend methods by which the Department could serve a greater number of Virginia disabled. The final report provided sufficient information for the Board to develop plans for the expansion of vocational rehabilitation services, but the most important result was to point out the urgent need for a comprehensive study. Congress, in the Vocational Rehabilitation Amendments of 1965, made Federal funds available for conducting a two-year comprehensive Statewide study on vocational rehabilitation in each of the states.

Governor Mills E. Godwin, Jr., designated the Department of Vocational Rehabilitation as the State agency to sponsor the study in Virginia. The Virginia Commission for the Visually Handicapped was named as associate sponsor.

Governor Mills E. Godwin, Jr., appointed eighteen members to the Governor's Study Commission on January 5, 1967. The Commission members were composed of representatives from the State Legislature, organized labor, public education, higher education, medicine, business, the disabled, and various geographical areas of the State. The responsibility of the Study Commission was to oversee the two-year comprehensive study.

Dr. Edward Cooke became Project Director in February 1967. A contract was executed with the Institute of Government, University of Virginia, to carry out the principal research and survey aspects of the project. Dr. Lewis Bowman of the Institute of Government, University of Virginia, was named Research Director in Ferbuary 1967.

The organizational meeting of the Governor's Study Commission was held on February 20, 1967.

On May 15 and 16, 1967, the Statewide Task Forces were organized. Members of the Governor's Study Commission were appointed to each of the Task Forces and a chairman was designated.

All Task Forces completed their reports by August 9, 1968. The Study Commission, at its final meeting on August 16, 1968, reviewed all recommendations.

Statement of Purpose

The purpose of the Comprehensive Statewide Planning Project was to evaluate the program of vocational rehabilitation in Virginia; to develop base line date for intrastate and interstate comparisons; to ascertain the gaps in the current programs; to estimate future vocational rehabilitation needs; and to provide the Governor, through the Governor's Study Commission on Vocational Rehabilitation, with a plan for a program which can be implemented by 1975, so as to provide vocational rehabilitation services to all disabled persons in Virginia.

Emphasis was placed on the orderly development of services, building upon established programs, and increased coordination among those agencies serving the disabled. The framework for development is based upon the concept of minimizing duplication of services among the agencies, both public and private, which participate in the rehabilitation process.

Scope of the Program

In order to arrive at significant and meaningful recommendations, the study included:

1. Identification by number and category those disabled within the State who are in need of vocational rehabilitation services.

2. Determination of the need for an utilization of special facilities, evaluation centers, and workshops for the disabled.

3. Identification of barriers which prevent or delay needed vocational rehabilitation services for the handicapped.

4. Determination of ways in which governmental and voluntary programs may be coordinated and reorganized, if necessary, in developing services to more effectively meet demonstrated needs.

5. Preparation of a written plan which identifies, analyzes, and evaluates program goals, the staff and financial support needed to achieve these goals with full geographic coverage of all programs offering vocational rehabilitation services.

6. Recommendations for steps required to expedite the achievement of goals among the government and voluntary programs at both State and local levels through legislative action, administrative action, and community support.

Designated Organization

In Virginia the organization designated to carry out Statewide Comprehensive Planning for Vocational Rehabilitation was the Department of Vocational Rehabilitation. The Commission for the Visually Handicapped was named associate sponsor. Agency personnel were utilized as consultants and served in other supplemental capacities, but were not involved generally in conducting the study. The primary functions of the designated agencies were to serve as fiscal agent and in consultative capacities.

The Governor's Study Commission

In order to make recommendations to the Governor for his final consideration, it was felt necessary that a group of experts and genuinely interested persons should examine and review all aspects of the Project Staff's activities. Accordingly, the Governor appointed 18 individuals to serve as members of the Governor's Study Commission. This Commission had the responsibility for guiding the operation of the Project Staff and for making recommendations to the Governor. The Commission consisted of the following members:

Louis Spilman, Chairman
Member of Board of Trustees of Ferrum Junior College. Mr. Spilman was on a committee to negotiate with the federal government to secure Woodrow Wilson Army Hospital for the State and Augusta County.

L. Lee Bean, Vice-Chairman
President and Legal Advisor to the National Orthopaedic and Rehabilitation Hospital; Board of Visitors of Radford College.

The Honorable George S. Aldhizer, II
Member of House of Delegates 1950-54; elected to State Senate in 1954.

O. F. R. Bruce, Jr.
Chief of Research, Statistics and Information Division of Virginia Employment Commission.

Julian F. Carper
Southeastern Regional Advisory Manpower Commission; Vice-President, Virginia State AFL-CIO, 1956-66; President, 1966 to present time.

F. H. Christopher
Assistant Superintendent of Franklin City School System.

The Honorable Marion G. Galland
Member of Virginia House of Delegates 1964 to present time.

Howard W. Gwaltney
President of Gwaltney, Incorporated, and Bank of Smithfield; Board of Trustees of Ferrum Junior College.

Dr. A. A. Kirk
Orthopaedic surgeon in Portsmouth, Virginia; President of Staff of Portsmouth General Hospital; consultant at U. S. Naval Hospital; founder and Vice-President, Kirk-Cone Rehabilitation Center in Portsmouth, Virginia.

William R. Langner
President of Cordet, Incorporated; Executive Director of Commonwealth Tutoring Service.

The Honorable Paul W. Manns
Member of Legislative Advisory Council of the Southern Regional Education Board; Member of Virginia House of Delegates, 1952, State Senate from 1966 until present time.

J. Leonard Mauck
Superintendent of Schools, Smyth County, Virginia; member of State Superintendents' Advisory Council; member of Board of Visitors of Madison College.

Sumpter Priddy, Jr.
Executive Director of Virginia Retail Merchants Association; member of Board of Virginia Heart Association; Chairman of the Board of Trustees of Hanover Academy.

The Honorable John R. Sears, Jr.
Member of Virginia House of Delegates; President, Norfolk Chamber of Commerce; President, Home Federal Savings and Loan Assoication.

Dr. James T. Tucker
Chief Surgeon, Crippled Children's Hospital, Richmond, Virginia.

W. Lovell Turner
General Supervisor of Nansemond County Schools.

Mrs. William Page Williams
Board Member of Virginia Tuberculosis and Respiratory Disease Association; member of Brookneal Medical Services Commission; member, Campbell County Chamber of Commerce.

Dr. Robert J. Young
Academic Dean, Radford College (retired).

Task Forces

The Governor's Study Commission created seven Task Forces. Members of the Commission were appointed to each of the Task Forces and a chairman was designated. Some of the Task Forces consisted of professional experts who analyzed the materials on hand, requested from the Project Staff additional studies and further information, coordinated suggestions and presented one reconciled set of recommendations to the Governor's Study Commission for presentation to the Governor. Other of the Task Forces included only members of Virginia Governor's Study Commission on Vocational Rehabilitation. The seven Task Forces and their members were:

1. *Workshops and Facilities*
   Objectives:
   a. To inventory existing workshops and rehabilitation facilities within the State, or which could readily be utilized although located outside the State, and to describe the services provided therein.
   b. To evaluate utilization patterns of existing workshops and facilities and their utilization potential.
   c. To determine the needs for new workshops and rehabilitation facilities throughout the State, including:
      (1) Relative needs on a geographical and disability basis and
      (2) A priority list of programmed projects over a short-range period.

Members (Same as Advisory Committee on Workshops and Facilities):

The Honorable John R. Sears, Jr., Chairman
Member of the Virginia General Assembly

Julian F. Carper
President, Virginia State AFL-CIO

Dr. A. A. Kirk
Founder and Vice-President, Kirk-Cone Rehabilitation Center

William R. Langner
Executive Director of Commonwealth Tutoring Service

L. Eugene Adair
Executive Director of Norfolk Goodwill Industries

Richard M. Valentine
Executive Director of Northern Virginia Occupational Center

Robert B. Traweek
Director, Virginia Association for Retarded Children

George E. Robertson
Board Member of Southwide Workshop; Owner, P & R Business Machines

Legrand Ailstock
Union President

Edward D. Gasson
Attorney—Fairfax County

The Honorable Dorothy S. McDiarmid
Member of the Virginia General Assembly

Dr. Henderson P. Graham
President, Smyth County Community Hospital; Dentist

Dr. J. A. Maultsby
Surgeon

Reginald M. Wood
President, Securities Insurance Corporation

Louie L. Scribner
Stainback & Scribner Architects

J. Douglas Butler
Manager, Green Chemical Company

Mrs. L. H. Howard, Jr.
Junior League

Alexander H. Kyrus
Director, Tidewater Vocational Center, Inc.

2. *Physical Disabilities*
   a. Cardio-Vascular System
   b. Genito-Urinary System
   c. Endocrine System
   d. Gastro-Intestinal System
   e. Musculoskeletal System
   f. Neurological System
   g. Respiratory System
   h. Other categories including cancer

Objective:

This task force examined existing levels of services available to persons with physical disabilities. It was primarily concerned with the evaluation of rehabilitation services in light of modern techniques of medicine and opportunities in education. This task force made recommendations about what could be done to better meet the needs of individuals in the sub-areas of physical disabilities.

Members:

Dr. A. A. Kirk, Chairman
Founder and Vice-President, Kirk-Cone Rehabilitation Center

Dr. James T. Tucker
Chief Surgeon, Crippled Children's Hospital
Richmond, Virginia

Dr. Treacy O'Hanlan
Surgeon; Consultant at Woodrow Wilson Rehabilitation Center

R. I. Howard
Executive Director, Medical Society of Virginia

3. *Sensory Disabilities*
   - a. Blind and Visually Impaired
   - b. Deaf and Hard of Hearing
   - c. Speech Impaired

Objective:

To study the services presently available for persons having sensory disabilities and identify the kind of services this group needs.

As a matter of convenience and because speech impairment is closely related to hearing, those persons with a speech impediment are included in this category.

Members:

Sumpter Priddy, Jr., Chairman
Executive Director of Virginia Retail Merchants Association

Mrs. William Page Williams
Member of Virginia Tuberculosis Association;
Member of Brookneal Medical Services Commission

William T. Coppage
Director of the Virginia Commission for the Visually Handicapped

Joseph Wiggins
Supervisor of Rehabilitation Services Virginia Commission for Visually Handicapped

4. *Psychosocial Disabilities*
   - a. Mentally Retarded
   - b. Mentally Ill
   - c. Emotionally Disturbed
   - d. Public Offender (Youth)
   - e. Alcoholism

Objectives:

- a. Examine the rehabilitation needs of persons with one or more of these disabilities.
- b. Examine the pattern of services provided to this disability group by state-operated agencies and by private nonprofit organizations.
- c. Identify unmet needs of this disability group. (*Note:* Studies already made in the areas of mental retardation, mental health, etc., were used as a resource.)

Members:

The Honorable Paul W. Manns, Chairman
State Senator

F. H. Christopher
Assistant Superintendent of Franklin City School System

The Honorable Marion G. Galland
Member of Virginia House of Delegates

5. *Legislation and Financing*
   - a. Evaluate present means of financing existing vocational rehabilitation programs
   - b. Examine present State and Federal legislation as it relates to vocational rehabilitation.
   - c. Architectural Barriers
   - d. Workmen's Compensation—Second Injury

Objectives:

- a. Recommendation of legislation which will provide more comprehensive services.
- b. Examine studies and legislation on architectural barriers and to determine to what extent architectural barriers impede or prevent the use of buildings and facilities.
- c. Report on progress of what is being done by both public and nonprofit agencies to eliminate architectural barriers.
- d. Review legislation and methods of financing second-injury clause provisions in other states and to make recommendations for Virginia.

Members:

L. Lee Bean, Chairman
President and Legal Advisor to National Orthopaedic and Rehabilitation Hospital

The Honorable George S. Aldhizer, II
State Senator

6. *Related Programs and Employment of the Handicapped*
   - a. Social Security
   - b. Office of Economic Opportunity

c. Public Welfare
d. Public Health
e. Military Rejectees
f. Employment Service

Objectives:

a. This task force studied specific recipient population groups served by related programs as the related programs pertain to Vocational Rehabilitation and the functions of the Rehabilitation Agency.
b. This task force identified the existing barriers and prejudices confronting the handicapped person seeking employment. The work of this task force made specific recommendations concerning the best possible employment practices of the handicapped person.

Members:

O. F. R. Bruce, Chairman
Chief of Research, Statistics and Information Division
Virginia Employment Commission

J. Leonard Mauck
Superintendent of Schools, Smyth County

Howard W. Gwaltney
President of Gwaltney, Inc., and Bank of Smithfield

William R. Langner
Executive Director of Commonwealth Tutoring Service

7. *Manpower*

a. Needs
b. Training—Classification
c. Selection—Recruitment
d. Orientation and in-service training
e. Salary

Objective:

This task force reviewed current practices in regard to the manpower needs of the Department of Vocational Rehabilitation in light of the listed subcategories. Recommendations were made concerning the future manpower needs of the department.

Members:

Dr. Robert Young, Chairman
Dean of Students and Academic Dean, Radford College (retired)

W. Lovell Turner
General Supervisor of Nansemond County Schools

Subcontract

The Institute of Government of the University of Virginia officially associated itself with the organization, goals and operations of the Project and, under specific contract, agreed to carry out the principal research and survey aspects of the Project.

The Institute of Government agreed to carry out research and survey activites necessary to:

1. Identify by number and category those disabled currently residing in the State who are in need of vocational rehabilitation services, and to make projections concerning such disabled persons and their rehabilitation needs through 1975.

2. To determine the present levels (scope, quantity, and quality) of rehabilitation services available to the disabled in Virginia, the services required to meet the entire need, the gaps which exist, and the most practical means through which these unmet needs may be fulfilled. The study of resources, both current and projected, were to include those provided by the two public vocational rehabilitation agencies (the Department of Vocational Rehabilitation and the Commission for the Visually Handicapped), as well as other public agencies and private nonprofit agencies which now provide or which may in the future provide vocational rehabilitation services to disabled citizens of the State. In carrying out this area of investigation, the Institute of Government was to take into account the Statewide study of rehabilitation facilities and workshops which was being conducted concurrently by the Department of Vocational Rehabilitation.

Interagency Liaison

During the Statewide study, liaison was maintained with other state agencies. The relationship with the Virginia Commission for the Visually Handicapped, as associate sponsor for the study, was quite close. Rehabilitation counselors and other staff members completed questionnaires and provided information when requested and made a significant contribution to the study.

The State Employment Commission was closely involved in the study. The local office counselors provided valuable information concerning employment of the handicapped. This was done by means of a questionnaire which they completed and returned. They were also of great assistance in providing answers to questions concerning the Manpower Development and Training Act program.

There was also liaison with the State Department of Health, particularly in the areas of their military rejectee program and their visiting nurse program.

The Staff

Full-Time:

The project staff consists of a director, a coordinator of field services, research director, two research associates, and three secretaries. Their major responsibility has been to compile statistics; assist the Task Forces; identify the disabled; determine the needs for special facilities and workshops, study agency coordination, communication, and cooperation; measure professional and public support; and study existing vocational rehabilitation services.

Staff Members:

Dr. Edward Cooke
Project Director

Dr. Lewis Bowman
Research Director

Dr. Dennis Ippolito
Research Associate

Dr. William Donaldson
Research Associate

George E. Meeks
Coordinator of Field Studies

Mrs. Nancy Nyman
Research Assistant

Mrs. Terry Downey
Secretary

Mrs. Mary Ann Heagle
Secretary

In addition to the full-time staff, over 100 persons worked on the project as research assistants, data processors, interviewers, and in clerical posts.

Planning the Research

Developing total and perfect public services for any program is probably impossible. Yet planning for future programs which does not take total needs into account is both inefficient and self-deluding. With this in mind, this Commission wrote recommendations calculated to provide services for all individuals needing vocational rehabilitation services by 1975.

In collecting the necessary information to plan for meeting total needs the Commission did not concentrate on any single aspect of the vocational rehabilitation programs. For example, it did not emphasize scrutiny of the administrative structures of the vocational rehabilitation agencies while neglecting the many other aspects of the total programs. Rather, the Commission contracted for surveys of a cross section of several Virginia communities, for a survey of professional vocational rehabilitation personnel, for a survey of a cross section of vocational rehabilitation clients, and for surveys of professional personnel in related programs. This approach spread the information net widely enough to identify barriers and problems in the State's entire vocational rehabilitation system.

Also, by emphasizing planning for total needs, the study recognized the interrelationships of the many problems confronting all health, education, and welfare programs. This does not mean that problem areas in the current programs were ignored. It means that the research suggested recommendations both for eradicating identifiable current problems and for preventing anticipated problems.

This emphasis on planning based on comprehensive research was reflected in the early activities of the project staff. March through April of 1967 was devoted to acquiring a competent staff, surveying the literature about vocational rehabilitation, and deriving a research design for the remainder of the planning period.

Utilization of Data

Eventually data needs and the inevitable practical limitations of timing, funding, and manpower dictated a choice of selected surveys and case record inventories for the research design rather than the happier but utopian ideal of considering "everything."

Surveys of General Population: Five Communities:

Surveys of general populations in five Virginia communities were conducted during 1967 and early 1968. These five communities—Augusta County, Petersburg, Norfolk, Alexandria and Wise County—were selected on the basis of their demographic characteristics, their caseloads as reflected in DVR case records, and the geographical distribution which they provide for the State.

Survey of Clients

In addition to the general population studies, a survey of Department of Vocational Rehabilitation clients was conducted. From the case records of DVR, a systematic sample of 400 persons was selected from the approximately 22,000 clients whose cases were either closed or classified as open during fiscal year 1967.

In dealing with these clients, questionnaires were developed for each client "category." These included: (1) closed, rehabilitated; (2) closed, not rehabilitated; (3) closed from referral; (4) pending action; and (5) accepted. Thus, five questionnaires were designed to cover all of the possible statuses in which clients are designated as either closed or open cases. These questionnaires were written so as to gather information about each client's experience, knowledge, and attitudes about the vocational rehabilitation program.

Surveys of Vocational Rehabilitation Specialists

A mail survey of DVR and CVH professional personnel included field counselors, school unit counselors, mental and correctional unit counselors, as well as agency and program supervisors. For each of the agencies and for each of these types of personnel, questionnaires were developed to provide substantive knowledge about the supervisors' and counselors' information, attitudes, and assessments of the current vocational rehabilitation programs in Virginia. The appropriate questionnaire was then mailed to each of these persons employed by DVR and CVH.

In conjunction with this mail survey, a background study was also done for each of the counselors employed by DVR and CVH. Using a specific codebook adapted to agency records, the research staff gathered all relevant and available information about the counselors up until the time they were employed. Inasmuch as the mail survey supplemented this material by providing information after employment by the agency, relatively complete profiles were available.

In addition to these comprehensive data gatherings about DVR and CVH personnel, the research staff also surveyed the counselors of the Virginia Employment Commission. This survey ascertained their experiences in placing vocational rehabilitation clients and problems relating to interagency liaison.

Surveys of Workshops and Facilities

In cooperation with the Advisory Committee on Workshops and Facilities the research staff conducted a comprehensive inventory of all public and private rehabilitation facilities in Virginia. A staff person conducted complete on-the-spot inventories at thirty-five facilities in the State, and the operations of an additional 106 were inventoried by means of a mail questionnaire.

Case Record Study: DVR Clients

It was anticipated that the case records on file in the Richmond DVR office could be used for various types of statistical analysis, including factors such as the geographical distributions of caseloads, types of disabilities, incidence of disabilities, client categories and so forth. This type of information would be useful in providing information about referral sources, counselor caseloads, case costs, case histories and to examine the relationships between these and other factors.

The types of cards and case record systems used by DVR, however, were inadequate for these purposes. The state of client cards for previous fiscal years rendered it impossible to justify the types of statistical analyses which had been contemplated.

Therefore, a record-keeping plan was submitted to DVR to provide adequate information for analyzing these relationships for future years.

Other Data Sources

Several of the task forces conducted on-the-site investigations into selected aspects of both the vocational rehabilitation program in Virginia and related programs. For example, the Task Force on Psychosocial Disabilities visited the State's correctional and mental institutions. Other task forces made similar efforts. The basic questions being pursued were these: How could vocational rehabilitation expand its own programs to serve more clients more efficiently and comprehensively? How could vocational rehabilitation better cooperate with related programs? Valuable information was derived through these efforts.

Public Hearings

The project staff conducted seven announced public hearings throughout the State in addition to hearings at various institutions which were less systematic and public. The public was encouraged to send complaints and suggestions directly to the research staff. Standard forms were provided for this purpose.

The presentations of interested citizens and organizations at the public hearings have been combined with the relatively large number of individual communications made directly to the research staff. These data helped pinpoint problem areas and gave insight into the cooperative efforts which vocational rehabilitation in Virginia must make if it is to provide a comprehensive program of services.

FOR ADDITIONAL INFORMATION

This report of Statewide Comprehensive Planning for Vocational Rehabilitation in Virginia contains only the recommendations and summaries relating to the basic findings. Several sources provide detailed analysis and projections. These will be helpful for the reader who is interested in detailed information about any aspect of vocational rehabilitation programs in the State.

Other Volume of the Final Report

Volume II of the *Final Report* of the Governor's Study Commission on Vocational Rehabilitation. Richmond: Statewide Comprehensive Planning Staff of the Governor's Study Commission on Vocational Rehabilitation, December 1968.

Research Reports to the Governor's Study Commission on Vocational Rehabilitation

The Vocational Rehabilitation Project Staff of the Institute of Government, University of Virginia, under the direction of the Commission Research Director, Dr. Lewis Bowman, issued a series of reports on its research findings. These included:

A Preliminary Report on Second Injury Fund Laws. Charlottesville: Institute of Government, November 1967.

A Report on Architectural Barriers. Charlottesville: Institute of Government, November 1967.

The Backgrounds and Recruitment of Vocational Rehabilitation Counselors and Supervisors in Virginia. Charlottesville: Institute of Government, June 1968.

Rehabilitation Workshops, Facilities, and Resources in Virginia. Charlottesville: Institute of Government, June 1968.

Workshops and Rehabilitation Facilities for the Physically Disabled in Virginia. Charlottesville: Institute of Government, June 1968.

The Retention of Vocational Rehabilitation Personnel in Virginia. Charlottesville: Institute of Government, June 1968.

Expenditures for Vocational Rehabilitation in Virginia, 1963-1967. Charlottesville: Institute of Government, June 1968.

Virginia's Ranking in the U. S. on Selected Characteristics Related to Vocational Rehabilitation. Charlottesville: Institute of Government, June 1968.

Recent Vocational Rehabilitation Caseload Data. Charlottesville: Institute of Government, June 1968.

Employment of the Handicapped: Direction and Potential. Charlottesville: Institute of Government, June 1968.

Selected Material Relating to Sensory Disabilities in Virginia. Charlottesville: Institute of Government, July 1968.

The Training of Vocational Rehabilitation Personnel in Virginia. Charlottesville: Institute of Government, July 1968.

Related Programs and Vocational Rehabilitation in Virginia. Charlottesville: Institute of Government, July 1968.

Estimation and Projection of Disability Incidence and Prevalence in Virginia. Charlottesville: Institute of Government, July 1968.

Estimated Needs for Workshops, Rehabilitation Facilities, and Comprehensive Centers in Virginia. Charlottesville: Institute of Government, July 1968.

Evaluations of Vocational Rehabilitation Programs in Virginia. Charlottesville: Institute of Government, August 1968.

Public Hearings

Public Hearings on Vocational Rehabilitation in Virginia. Richmond: Statewide Comprehensive Planning Staff of the Governor's Study Commission, July 1968.

Staff Progress Reports

Annual Progress Report. Richmond: Statewide Comprehensive Planning Staff of the Governor's Study Commission on Vocational Rehabilitation, July 1967.

Eighteen-Month Progress Report. Richmond: Statewide Comprehensive Planning Staff of the Governor's Study Commission on Vocational Rehabilitation, March 1968.

An Interim Report of the Governor's Study Commission on Vocational Rehabilitation. Richmond: Statewide Comprehensive Planning Staff of the Governor's Study Commission on Vocational Rehabilitation, December 1967.

Publications

Monographs

Bowman, Lewis, Dennis S. Ippolito, and William Donaldson. ***Survey Research and Policy Planning.*** Charlottesville: Institute of Government, forthcoming, Spring 1969.

Articles

Bowman, Lewis. "Planning for Vocational Rehabilitation in Virginia," ***Virginia Town and City,*** July 1967.

Bowman, Lewis. "Views of Governmental and Private Involvement in Training the Handicapped in Virginia," ***University of Virginia News Letter,*** 44 (April 15, 1968), pp. 29-32.

Bowman, Lewis. "Planning to Meet Total Needs: The Case of Statewide Comprehensive Planning for Vocational Rehabilitation in Virginia," ***University of Virginia News Letter,*** 45 (February 15, 1969, forthcoming).

Ippolito, Dennis S., William Donaldson, and Lewis Bowman. "Negro and White Political Orientation," Social Science Quarterly, 49 (December 1968), and to be reprinted in ***Blacks in America,*** ed. by Charles Bonjean, *et. al.* San Francisco: Chandler Publishing Company, 1969.